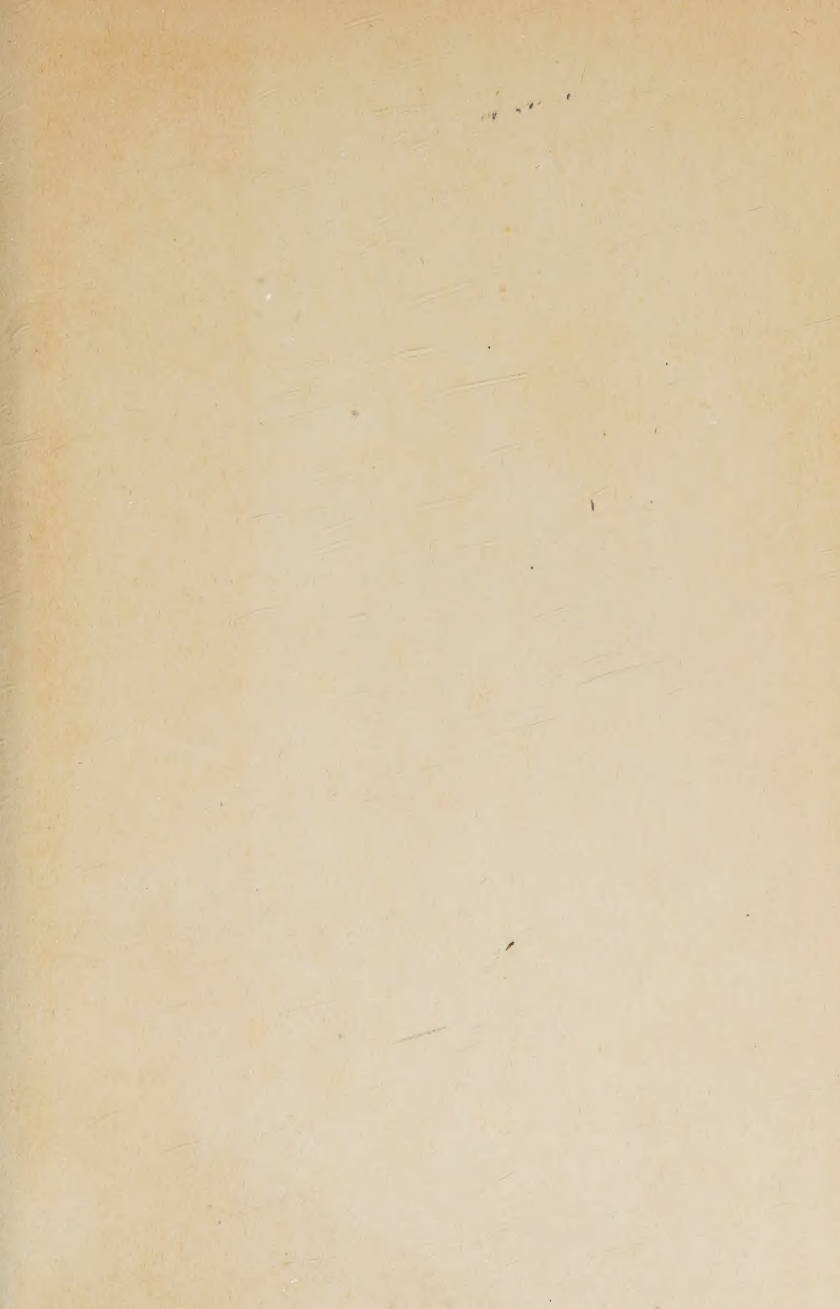



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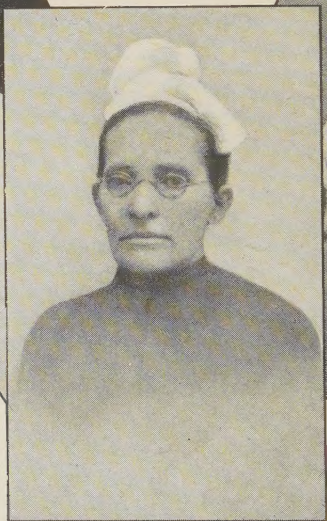
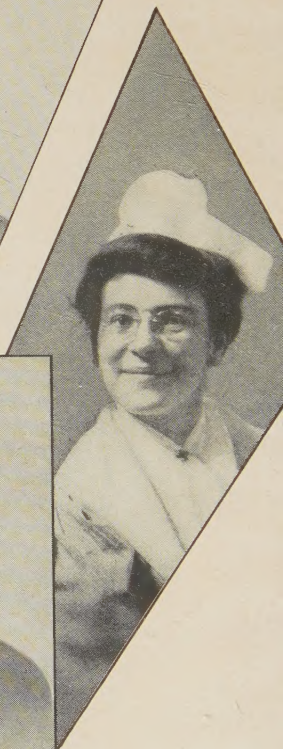
CAPTAINS OF THE WATCH
OF LIFE AND DEATH



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CAPTAINS OF THE WATCH OF LIFE AND DEATH

BY

MABEL OSGOOD WRIGHT

AUTHOR OF "MY NEW YORK,"
"THE GARDEN OF A COMMUTER'S WIFE," ETC.

New York

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1927

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In recognition of four *Captains* who have watched with me, to whom was given *Understanding*.

SARAH JANE—who led the way.

MARGARET—of the tender heart and cool head.

WINNIFRED—who removed obstacles.

LIBERTY VALL—who raised low spirits.

M. ♥. W.

(WITH GRATITUDE)

OAKHAVEN,
FAIRFIELD, CONN.

A Friendly little Book about *Trained Nurses and Untrained Patients*—from the Standpoint of the Home.

Together with some chapters transcribed, by way of illustration, from the "Experience Book" of Barbara, daughter of Richard Russell, M.D.

For those who may not have met her, let me introduce Barbara as my second self, with whom I walk and talk and dream. She first steps into these pages in Chapter IV.

M. ♡. W.

THINGS TO BE CONSIDERED

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CAPTAINS OF THE WATCH
OF LIFE AND DEATH

I. PRELUDE

More than ten years ago, two Physicians, one of New York City, the other a specialist in a large manufacturing city and president of its upgrowing hospital, made the following statement and request to me:

"The nursing profession stands at a bewildering crossing of the ways. Science is advancing so rapidly that hospital training must be more exacting in its demands, but this fact in itself seems to be widening the gap between hospital and home nursing. We are daily feeling that the nurse should have a better knowledge of Nursing Ethics as applied to the *home*, and from the standpoint of the *patient*; this not to be expressed in a cut and dried textbook, tied with red tape, but to be penned by a humanist with a knowledge of general household conditions."

Then came the World War. A nursing army, augmented the country over, marched down Fifth Avenue, New York, to the sound of bands playing *Onward Christian Soldiers*. Hearts throbbed that seldom had hurried their measure, and tears everywhere overflowed. It was an unforgettable scene!

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Here was no shirking, no quailing at hardships; service was the watchword, and deep *gratitude* the only real reward! For never have I heard a man from over-seas speak in other terms of the nurse or "Sister" who was oftentimes his only link with life.

The war swept the world and stayed my hand meanwhile; cyclone-like swept old ideas and old habits into jumbled heaps. Who could assort and reassemble the fragments? That was a complete work for time alone. Yet we are all trying, more or less nervously, to unravel the skein that binds some present need which is acute.

War! Direct death; illness in epidemic form! Old standards unsettled or gone; the new slow to be formed! Small wonder that the nursing world is out of orbit; with profiteers on every side, small wonder if some are to be found therein. But those who ask a reasonable living wage, a lesser increase than the manual trades demand, must not be so classed.

"Scabs" is the vulgar but correct name for those women who, lured by money possibilities, flock to the large cities from obscure sanitarium or so-called hospitals, often with only part or no authentic training of any type, no R.N. guarantee; and, slipping in through some irresponsible quasi-agency, ask what they choose. Unfortunately, emergency, shortage, and ignorance on the part of the employer aid this profiteering, bringing discredit to the profession and discomfort to an unfortunate household.

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Why this lack of good nursing material? It is one of the postwar conditions for which war is not alone responsible. Yet war, together with woman suffrage, speeded up the evolution of employment opportunities for women. This is undeniable; neither should it be decried as a serious problem. Woman is pulling away from all forms of household employment under direct woman's dominion, from that of the general houseworker to the trained nurse who is the important auxiliary of the high profession of medicine.

Sudden prosperity has given the revolt added speed because it has raised, as by an explosion, many ignorant women to the position of employer who seek to command. These cannot think of a better way of proving their right to the assumed title of lady, than by lack of consideration and by heckling of those to whom they pay a wage. The war nurse who has braved, without murmur, the real personal danger of caring for the raving, shell-shocked soldier and has witnessed the courage and patience of desperate suffering, and heard the faintly whispered thanks for the smallest alleviation, even for a few drops of water, must naturally grow impatient at the demands of the half-imaginary invalid, who keeps the household upset and who taxes her own ingenuity to *make* work for the nurse in order to "get her money's worth."

Be the home patient man or woman, the control is inevitably feminine. Hence many nurses of the finest type, in seeking self-protection from certain forms of

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tyranny connected with their chosen calling, sidetrack on completing their training, and choose settlement, school, or industrial work with definite office hours. Others do hourly and part-time group work—a combination which, if well organized, gives both independence and varied experience. It is the biological warfare, old as the race, of Woman against Woman. This being the age of woman's so-called opportunity to cut free, few women who can do otherwise care to work directly for their own sex in a capacity that would control the liberties of daily life.

So the eternal triangle is waging, though the makeup of it is quite different: Physician, Nurse, Home. The physician who is hampered by lack of nurses for his special work, with a heavy "chip" on his shoulder, cries "*insubordination, excessive prices, general laxity.*" Yet the same man sets his own fees, pays his domestic staff double or triple the prewar wage, and increases their leisure hours and privileges *galore*.

This triangle can only be moulded into a harmonious and lasting circle by *compromise*, by a yielding of all three angles: the Physician, the Nurse, and the Patient-in-the-home; and such a fusing can only come through the white flame of understanding.

How compromise? Compromise by reaching and appealing to the mother-side that is latent in every woman, be she ever so rough in externals. Let the patient and the near kin, who do the household

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directing and bear the brunt, realize that the incoming nurse is kindred flesh and blood; that her life is spent with constant illness and often emotional death. Let them realize that there is constant wear and tear from the very sympathy they expect, a sympathy which must have a corresponding rebound in order that the nurse may continue to carry on; that money alone cannot pay for this.

On the other hand, let the nurse, on entering the home-group at its "period of least resistance," try to grasp the surroundings and circumstances that control it before she passes judgment. Before she shoulders, perhaps, an imaginary "chip," let her try to put herself in the patient's place in order to get his or her viewpoint. It is the compromise of mutual sacrifice, doubtless, but time out of mind, I have known it to bring mutual satisfaction and lasting friendship. Yet, mind you, it is only by the bending of both heads and adjusting conditions on a fifty-fifty basis.

My two friends, the physicians, first urged me to put my thoughts on record. Now it is a trained nurse of the highest type who adds her request to that of these men. There are still women in plenty—and she is one of them—who love their profession and to whom caring for the sick is one of the manifestations of the divine art of mothering, but they must be treated with dignity, not antagonism. This then was her pronouncement: "You are outside of either

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profession, though understanding both; you can speak plainly without partisanship and so help to bridge the gap between home and hospital that makes it difficult for even those of us who care to cross it to do so with self-respect. Dear lady, it is worth the trying! Please, please do!" Is it? Perhaps. Young *Captains* in the making, will you read, if only from curiosity? So be it then, for curiosity has had greater initiative than pure logic, ever since Eve bit into the apple from the tree of dubious grafts!

II. IT IS THE FIRST STEP THAT COUNTS

(Addressed to the Nurse who goes forth for the first time)

This is not a manual for the class room, neither does it seek to push itself among the volumes on the technique or ethics of nursing, in the library of the Training School. It is a friendly, intimate little bundle of papers that asks a place on the magazine rack of the housewife or housedaughter, who may at any time be called upon to deal with serious illness, or on the table corner of the nurse about to graduate. Or let it find shelter, perhaps, in the crowded suitcase of the young woman who, having finished her course, has left the hospital with its stern requirements and protection, to stand upon her own feet and to write her name for the first time in the registry. This act, or its equivalent, irrevocably turns the key in the doorway to her future world of professional vocation, while it is the spirit of comprehension with which she crosses this threshold—quite as much as the mastery of the grim and necessary technicalities of the hospital training—that will shape her future as a nurse for success or failure.

The watchword of the great public hospitals must

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always be *the greatest possible good for the largest number*, and upon this foundation the practical training of nurses is built. Many graduates, preferring this life of general service to the initiative of private work, never leave institutional limits. Others pass quickly, via specializing, to district or school work. On the other hand, the nurse who chooses general practice must, with perhaps only a few days intervening, step from the generalized hospital viewpoint to the consideration of the comfort of a single patient, to the study and adaptation of herself to the individuality of a total stranger in equally unfamiliar surroundings.

The graduate of a hospital having rooms for private patients has had, in a degree, a chance to study the individual. Yet, under these circumstances, both nurse and patient are under hospital rules which shield the nurse from the full weight of direct responsibility and protect her from all emergencies, as she has the entire equipment of the institution as a backing. Then, too, the patient must be under a sort of repression due to important factors: the gravity of the case which has made hospital treatment a surgical or medical necessity, and the being apart from kin in strange and, at best, awesome surroundings.

Even under the most favorable circumstances the experience of a pupil-nurse as a "special" is sure to be limited, and, from a self-reliant point, unsatisfactory; for the physician and surgeon of experience

IT IS THE FIRST STEP THAT COUNTS

is apt to employ, in his critical hospital cases, only graduate nurses who understand his methods and to whose work he is accustomed. Then again, in the great public institutions which care chiefly for ward patients, the present ruling which forbids a pupil-nurse to gain outside experience until after her hospital training is completed, sends her away at graduation with no adaptive experience whatever. For many years one great hospital, which was a leader in training nurses in the early days, allowed third-year pupils to go on private cases as part of their training.

Thus, it often comes about that many a young woman, admirably trained and letter perfect in the technicalities, and fortified with the best intentions, sets out with her emergency kit packed in a brand new bag, together with her spotless uniform, while all possible room in her head is filled with the many necessary *must-bes* of her profession, together with as many more that often are not only unnecessary outside of the hospital routine, but are absolute trouble breeders. With chin held even higher than that of the optimistic college graduate, and a temporarily comfortable feeling of perfect self-confidence, she enters the home where her first outside "case" (a word that to me always suggests a box) is waiting for her.

It may so happen that it is the first time this patient has ever employed a trained nurse, or even

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come in contact with one, except by way of vivid imagination or unreliable and prejudiced hearsay. She is placing the newcomer in her mind either as a being of impossible perfection, the ministering angel without bodily requirements and gifted with second sight, or as an upsetter of the helpers below stairs, as well as a tyrant who will deprive her of her own liberty. Or, on the other hand, the patient may have been sadly disappointed in not being able to secure a nurse who has cared for her at other times and to whom she is so sincerely attached that anyone else must seem an interloper.

At any rate, the poor little sick woman is lying there thinking and thinking all to herself, without any common-sensed female kin to whom she may pour out her troubles and thereby relieve the tension and be gently won to the inevitable. How will the household be run while she is above stairs? If the bills exceeded the budget limit last month, what will they be this month? Finally, all other things being equal, she remembers how terribly her rare illnesses always upset the master of the house, putting an edge on his usually cheerful devotion. Presently, all the thoughts, fanned by flashes of coming fever and pierced through and through by stabs of pain, roll themselves into volleys of *can't*, *won't* and *don't*, all making a target of the often too brusquely declared *you must*, which comes from the embarrassed *Nurse-on-her-first-case*. Then is the nurse suddenly in-

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volved in warfare, even if it does not put her wholly to rout and tears.

There is one point the nurse on private duty should never forget, for the sake of her own self-respect, as well as for the good of her charge. Whatever her own personal infirmities, she stands in her professional capacity as the emblem of Health ministering to Disease, a *Captain of the Watch*, whom her superior officer, the Physician, has left in charge during his absence. Therefore, no matter how unreasonable the patient may be when judged by the normal standard, this phase is all a part of the illness to be conquered. Also she will find that there is no specific for transient irritability in a patient, no shield against temperamental ugliness better than a sense of humour in the nurse when it is coupled to common sense by a warm heart.

In fact these three qualities, nicely blended, form a life raft for the nurse who would navigate the whirlpools and treacherous, rocky shallows of her profession of wonderful trials and opportunities, with any degree of comfort or safety. If she possesses these three as her God-given birthright, Experience, which may be only had by the earning, will bring about in time that perfect gift of *Understanding* which belongs to no one race, or class, or School of Training, but which is the hall mark of the one-hundred per cent nurse.

So take this little book of experiences, accept its

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greetings both to nurse and patient, greetings given in the hope of drawing them closer together through the pen pictures of real happenings scattered, scrap-book fashion, between its pages wherein they may see more clearly glimpses of that in each other that was misunderstood before, and in so doing realize themselves.

III. THE COMFORT OF THE PATIENT

Recently when a great New York surgeon asked a one hundred percent nurse what was her first thought and aim in nursing, the reply, to his great surprise, was, "The comfort of my patient;" thus at once opening the door between the humanities and the technicalities.

The comfort of the patient comes only second to the direct medical care of the ailment and in many intricate and sometimes baffling cases where nerves, either mental or physical, have the upper hand, this conflict is by no means a secondary matter.

In the care of a new patient the study of what will constitute this comfort should be sought as carefully and intelligently by the nurse as the diagnosis of symptoms by the physician, the same gift of intuition and mind reading being necessary.

If the malady is a slight one, the expressed preferences of the patient may be the guide, but oftentimes the patient is feverish or restless, and is not able to express in words what is making her uncomfortable, or even hint at the various things that "get on her nerves" even when in good health.

Without fussing about and visibly taking an inventory, at once take in the room, the location of the

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various fittings, and especially that of the bed. Does it face a window in such a way that as the day goes on the sunlight will reach the patient's eyes? If so you may arrange by a little change of position so that the difficulty may be controlled and yet the gloom of drawn shades be avoided. Probably the bed has occupied the conventional place for so long a time that it would never occur to its occupant or the family to have it moved.

The electric lighting is of importance. This may be controlled by fastening half circles of opaque paper over the bulbs and then making sure that this piercing light is not cast back and intensified by reflections in a mirror.

If there is a bedside table do not fill it with medicine bottles or such paraphernalia. Place cheerful everyday objects, a magazine, a writing pad and pencil, a bit of knitting, or a few (not too many) of the flowers that friends have sent.

An unencumbered chair of light weight but strong construction should be near the bed within easy reach of the physician or any caller that might be tempted to sit on the bed itself. I know of nothing more common than this bed roosting tendency, even among the rigidists and those who would instantly criticise the act in others.

If there is no convenient chair and the bed being smooth and inviting, down flops husband, son, or the doctor who "isn't going to stop a minute." "Oh, no,

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don't bother to move anything, Nurse; I don't need a chair."

I may be quite peevish about this bed sitting because I know personally of its ramifications. Once when being convalescent after an operation, and being extremely sensitive to any cross-wise bodily position, which was avoided by the "just so" pillow placing art of my nurse, in came one of the medicos in charge, height six feet and weight in proportion. While the nurse was freeing a chair from some extra pillows that were "resting" thereon (a term used south of Washington), down plumped the doctor on the bed, arrived a little too near the side, so that the edge of the box spring dented him a bit, moved in a little farther and settled down. I moved one foot with a jerk and then the other out of the way, but the taut bedclothes plus the doctor prevented moving my torso to match. The M.D. crossed one knee over the other, holding it in place with folded hands, thus shifting his position and mine in different directions.

While we talked and bantered a bit I did not notice the strain, though the nurse did, and disengaging the chair placed it suggestively near. At that moment the doctor pushed up a trifle that he might reach my pulse; a third strain on a body with vibrating, newly knit nerves and muscles causing a sharp pain, a sort of dream of an operation without anesthetic, to seize me. I tried to steady myself with my free hand but only made matters worse. In a

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second I lost my self-control entirely. Snatching away my hand, I also spit out the thermometer that went with the pulse-taking, as a petulant child might have done, and pounding the knees of the astonished doctor, cried out: "Get up, quick, you're killing me!"

Mortified and confused, he bounced over to the very frail chair, the only easily movable one in the room, which, giving a warning crack, sent him as quickly to his feet again. The nurse, who was striving to drag up a heavy armchair, cast a frightened glance at me, but my tears quickly turned to laughter. For the moment the strain was removed, the whole scene took upon itself the slant of a moving picture. Always should there be an ample yet easily moved chair at the bedside, I resolved. Homekeepers take notice!

It is through many of such seeming trifles that the comfort of the patient is secured. The many little things that are never charted.

There are two real arts that mean much to a patient; the arrangement of the food tray and the mothering art of placing pillows. It is usually necessary to bring several dishes and plates upon the same tray. So be it, but do not let the patient with a capricious appetite see but one portion or combination of edibles at a time, for even the sight of much food will often disgust the invalid.

It is almost always possible to have a gas or electric plate convenient to the sick room, which covered

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with an asbestos mat will keep everything that should be served hot, until needed. Upon the clean tray cloth lay a flower, a sprig of fragrant leaves or a few winter berries. If there are no flowers at hand, with this setting a single dish with its portion will tempt the appetite and the patient will wonder what next, instead of thinking (even if the words are not spoken), "I cannot possibly eat all that stuff," and so refuse to take anything.

As to pillows, their careless misplacing (according to my own feelings), is a sick room crime. A banked-up arrangement that makes an acute angle of one's neck and throat, the head forward, when a headache is on the way, opens the door to it, while a non-back supporting flatness that drops the head backward when breathing is difficult or coughing likely is equally bad. These two are quite evident conditions, but each one has a pillow idiosyncrasy, and while the nurse is mastering the details of the matter, if the patient is able to move, it is a good way to allow him or her to take the most comfortable position and then fill in the gaps with pillows of various sizes so that the body may remain supported without effort. "Pillow mothering" I call it, after the way a mother adjusts her softness to a sleeping child that nestles close, and supports it with her arms. Of course there must be plenty of pillows of varied size in the bedding closet of every well-ordered house. Such pillows may be easily made of a variety of fill-

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ings, but the slips should always be white for easy cleansing.

Unusual noises and gestures should always be avoided. A room may be dusted and set in order without fussiness, the shifting of articles of furniture, or taking many steps, if the matter is done with thought. The modern kitchen equipment, by having utensils kept at hand, has taught us all economy of energy in such matters.

It is when she is not actively on duty that a strain comes on the nurse that often makes the patient uncomfortable. To sit within sight and perfectly still, as I have known to be required by arbitrary invalids, is as unthinkable as it is unnecessary. One nurse in my household was tireless in every way except in keeping quiet; even in sitting for five minutes she would violently swing a leg, crossed at the knee, in a figure eight, so many times one way and then reverse, until the effect upon the patient, who seemed to see the gesture even through closed eyelids, was akin to dizziness. Unable to stop, the nurse moved her chair into an alcove, where the reflections on a sunlit wall danced about like a dozen pair of side-stepping legs.

Another nurse spent her period of sitting in a perpetual filing and polishing the nails of a really graceful hand and so on and on—! A book of short stories or some magazine for pick-ups will help to conquer this restlessness or a bit of fancy work

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will help and often relieve the nerve tension of quiet quite as well as wriggling and squirming.

There was a time when during a case of tedious convalescence, the patient needing little or no attention beyond companionship, that the nurse would pick up the neglected mending basket and reduce its contents. Not that she was asked so to do, but it seemed a natural solution of keeping her fingers busy and bringing comfort to her charge at the same time.

Oh, yes, I've had such things done for me by more than one 100 per cent nurse. Christmas gifts suggested and arranged for my trembling fingers to finish—daughterly actions these all, not demands upon paid service. All such acts make for the mutual comfort and confidence that are most needful in the long-pull cases that are often an equal strain upon patient and nurse.

Of course in swift, acute cases the main issue leaves little time for restlessness on either side, but never forget the "art of pillow-placing," Nurse, or how to loosen the bedclothes at the side so that they will not bind down helpless feet, making them cold by the pressure, yet keeping them well tucked under at the bottom so that there may be no uncovered toes!

One may be really very ill and yet sigh with satisfaction as the touch of sleep is felt, answering the question "how do you feel tonight?" drowsily with "Better, I think, for, oh, I'm *so* comfortable. Nurse finds all the tired spots and puts them to sleep.

IV. A TRADE OR A PROFESSION, WHICH? WHY ARE YOU A NURSE?

You are already a graduate nurse or one in the making. What led you to enter this profession of blended hardships and satisfaction? We shall consider it one of the most honorable of professions, and no one who regards it from the angle of a trade of barter and walking-delegate rule should read this book.

One of the definitions in a recent discussion as to the dividing line between a profession and a trade, may be ethically applied to both the profession of medicine and its important auxiliary, Trained Nursing: "In the professions, service must come before remunerative consideration."

This ought not to be read to mean that the nurse should not give due heed to gaining the living for which she has been preparing for two, three, or four years, guided, in the choosing of her training school, by her own ambition and by the seriousness with which she approaches her calling. I use the word "calling" advisedly, because those who wish to become one-hundred per cent nurses must not simply look at it as a means of employment and of gaining

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a wage, but they should feel in some degree the call of ministry to the helpless that is a manifestation of the mother instinct which, unless stunted or killed outright by some unfortunate combination of circumstances, lives in the heart of every woman.

Without this underlying motive the nurse may become proficient in every detail of her work; have both judgment and initiative, but will lack the great gift of understanding human nature in its varied moods, a gift which is the basis of the tact, that is, the diplomacy of the sickroom. The remark made by a surgeon concerning a nurse of wide repute for the handling of minor operations in private homes, applies here, "She is as reliable as one of my instruments and as lacking in human feeling. I always manage to have her replaced by the regular nurse before the patient comes out of the lethargic stage."

"Ah yes!" you say with a sigh, "nursing is a most womanly profession and, theoretically, a most inspiring one; but, to come to the material side which must be considered also, is the return enough to support daily life and leave a possible margin for old age?" Given the average wage, as paid in a large city—say, six to seven dollars a day with part maintenance for twelve-hour cases, with entire keep and occasional overtime pay for the entire twenty-four-hour duty—how much leeway is left for insurance and the emergencies of this vocation of ups and downs, of rush work and periods of unemployment?

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The estimate must be according as "Everyman thinks"; it must also be a matter of the always elusive budget. But, you doubters, let this soak into your brain! *There is no period of unemployment for the one-hundred per cent nurse.* Those of this type, whom I know, might be twins or even triplets and yet never be idle except of their own volition. The measure of your success is the measure of your worth, which lies in your heredity, ability and training. If you are of untrainable temperament and material and are allowed to go forth, lay your failure to these causes and on the shoulders of the training school that passed you on,—not to the profession. Need, a demand for nurses in the hospitals greater than the supply, is the unfortunate but frequent excuse of both physician and head of a training school for turning loose women of the "slob, devil and yellow-cat" types (of which more anon),—types that inevitably lower the profession's standing and keep from it many who might raise it to the personal high standard of thirty years ago, or to an even higher standard, with the present help of the modern equipment of exact science.

By those who seek to blacken both eyes of the nursing profession through magnifying the drawbacks, I find that little is said about the counterbalancing opportunities for those qualified; for making permanent friendships, for travel, for becoming a part of the life of many grateful homes, and for

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unusual legitimate opportunities of marriage. As for wear and tear, risks, and the lack of provision for age, these are not greater than those that fall to the lot of the average self-supporting woman or to the mother of a young family, whose head has no stronger financial backing than his work. Risks and satisfaction always go hand in hand, and we all at some time in our lives take what might be called a "sporting chance" for happiness. So, in giving the best of yourself to your profession, without stint, you will be making an investment, sound, yet speculative enough to give zest and interest; for "he who never does more than he is paid for, will never be paid for more than he does." The rewards for this, like many other professions, are "measure for measure." What is your capacity, a gill or a gallon?

Seriously speaking, the future of the nurse who makes good is no more or less secure than that of the young physician, the teacher, the college professor, the musician, or the artist; not one of these is beyond the reach of calamity, and the profession of nursing surely also has its moments of golden opportunity.

A word again about the trade aspect that measures off the hours and dollars with a high speed gauge. The nurse who holds relentlessly under all circumstances to this method makes a trade of her calling. "The clock struck six, and he dropped his bricks,"

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of the prewar days now reads, "The clock strikes four, and he works no more!"

If the patient will be more comfortable because the day nurse does a bit of what technically belongs to the night watch, let the day nurse take her eye off the clock, do the work, and not quibble. The good physician does not refuse to go out because it is supper or bed time!

The hours of duty, though theoretically fixed according to local rulings, must and should vary. In some hospitals the pupil nurses work in three eight-hour shifts, while the graduate "specials" serve a twelve-hour watch. Each institution must work out its own schedule, but this should be on as broad lines as possible. A few necessary rules that can be kept are much more efficient than restrictions so numerous that they savor of heckling and make *cheerful* work impossible. The main objection to the two twelve-hour shifts seems to be that the day nurse never has an evening hour without skimping her rest, and the night nurse may never see the sun. In private-house nursing neither condition is necessary; for, unless there be some special crisis or stress, the trouble need not exist if the patient and family couple heart with understanding of what is really to their own best interests. There will be many an hour, betwixt and between, when one of the family or a trusty friend can slip unexcitedly into the sickroom and let the nurse and sunlight exchange greetings.

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Then again, after the duties of the go-to-bed are over, the same humane adaptiveness on the part of the household will let the night watch slip out to a movie, a walk with her "very best," or (I whisper it) a bit of dancing. For now when young things of twenty-one are being graduated, an above-board chance to work off the yeast of the spirit of youth is an all-round safety valve which the wise will not ignore.

"Twenty-four-hour duty! It simply isn't," said one of the older nurses recently. "Yet, I am convinced that the unpopularity of this form of service lies chiefly in the hands of the patient or household."

"Yes," I replied, "I quite agree with you. I have been either a patient or a household manager in illness for years enough to see that the decline of the twenty-four-hour nurse is due to three main factors quite out of her own sphere. The first is the lack of proper housing (dwellings are yearly growing smaller and apartments more compact) with the consequent inability to give the nurse ever so small a room to herself where she is sure of privacy in her brief leisure moments. She needs her own room even if the case requires that she sleep in the room of the convalescent, or if the patient is one who usually sleeps the night through, only needing some little attention or the protective feeling of knowing the Captain is near. That feeling gives the patient real rest."

The second cause of the decline is the fact that many severe cases were thrust upon her, where con-

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stant attention was necessary and more endurance of body and brain asked, night and day, than it was possible to sustain. The result to the nurse was often exhaustion at the end of the case, forced rest and loss of time. Since all the humanities have considered the strain of long hours of work and the lack of efficiency following them in the most menial trades, why should the Trained Nurse and her profession be passed by?

The final factor comes broadly under this head: the woman of rancid disposition and long prayers-for-a pretense tribe. There is the woman who talks pathetically of her trials with the nurse "who I treat like one of the family, but she is a regular shirk"; the woman who insists upon getting her money's worth to the last farthing; the woman who, when there is nothing vital to be done and the twenty-four-hour nurse might relax for a few moments, *makes* work for her, perhaps saying within her hearing: "I pay the hussy so I own all her time." There is also the woman who frequently sets the time for the daily two hours off at a period when it means nothing to the nurse,—this for no possible reason but the love of control.

After several of such experiences, or even the hearsay of them, who can blame the young nurse, high of hope and spirit, for systematically avoiding such galling thralldom? *But* in reasonable households, a twenty-four-hour nurse is still obtainable if the case

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is suitable. I know whereof I speak, for I have never failed to obtain such an one, and from that highest class which regards nursing as a profession, not a trade!

V. BEFORETIMES

(Transcribed from the "Experience Book" of Barbara, daughter of Richard Russell, M.D.)

When I was a little girl there were no trained nurses either in Bridgeton or the countryside thereabout. They were beginning to make them in some of the hospitals of the Great City, I had heard father say, but even my idea of what they might be was vague and intangible.

Here in Oaklands and all the way back to Pine Ridge, families took care of themselves and did turn-about service for their neighbors. Doubtless, from a scientific standpoint, this care was not all that it might have been, any more than was the science behind it, yet both kept step with the time, served their purpose, and left behind a group of men and women who made good, probably through the law of the survival of the fittest. As for living ahead of one's times, or striving to, it is a nerve wearing plan; it forces the mind to run away from the body instead of pulling evenly in the Creator's double harness. This uneven method of travel makes people very weary, especially the unprogressive! It was only a

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few days ago that I overheard father speaking to a brother physician of the present push of it. "We know that the average length of life is longer now, but it comes chiefly from the saving of childhood; for, in my forty years of active work, never have I known such a dropping out of men of middle age, the worth while period, while half of those that still keep their grip are tired—oh, so tired!"

"Motor cars are a bit to blame too," I murmured to myself. "They start a man out in the morning and rush him ahead of his day, making two days' range of work reachable in a few hours, until it seems as if by the end of the year it would be possible to have gained several months—in worry! A necessity? Surely we couldn't make good now without them, but——"

"Barbara, don't moralize," chides my *Familiar Spirit*, "you are trespassing on the topics belonging to Alice, the Hatter and the March Hare, and you don't know that you can't handle them properly."

I suppose that in the *Beforetimes* there were not so many topics to handle socially and certainly not medically. Exactly how comfortable were we in the *Beforetimes*? Happy, we surely were, or thought that we were, which is the same.

"There were neither so many topics for worry nor things to care for, especially bathrooms," said Lavinia Cortright, who was making me a little mid-winter visit and sat in the inglenook doing her gentle-

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womanly embroidery on linen, a ray of firelight on one side of her lovely snowy hair, a sunbeam on the other,—the same combination making opal colors play upon the flat cut gems of the one antique ring she wore, a ring that had been Martin's mother's mother's.

"They say that every age has an over-paraded virtue and I'm coming to think that the bathroom is ours and that we call for too much attention to the details of our cleanliness," she continued. "Once a bride showed her friends her linen, silver, pictures, and views from out the windows of her garden, but now I'm frequently greeted with the query from the married daughters of my friends, 'Aunt Lavinia, dear, be sure to see the bathrooms before you go.' While really, Barbara, at Cynthia Pierson's house-warming, the bathrooms, like the other rooms, were decorated most singularly with potted plants and roses, which in some way seemed to me a breach of privacy, a stripping of one's self in public as it were. Dear Martin, who is always courteous, reminded me that the ancient Roman baths were made much of. Though history farther back than the middle ages was never my strong point, I seem to remember that at the time he mentions Rome was considered decadent in spite of many public baths. Not that I would go so far as draw a comparison."

Lavinia did not seem to expect a reply, and at her words my mind flew back with fresh impetus to those

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Beforetimes that were so different, not those colonial days of toil and self-sacrifice, but the *Beforetimes* of the middle-aged of today. The people of provincial towns and even of the large cities managed to live cleanly by the aid of a single bathroom, supplemented by a regiment of gaily decorated earthenware pitchers and basins and a burnished brass hot water can or two. Even the thought of this would make their children shudder, the second and third generation who have either replaced or rebuilt the prim farmhouses of Windy Hill Ridge, now calling it *The Bluffs*.

"Hecht! a guid name is it," quoth Tim'thy Saunders in the days of the rechristening, "sin' bluffing 'tis a game they're a' braw at playin'."

Father remembers perfectly when in his early years of practice he cared almost daily during one summer for Mrs. Deacon Smith up at the Ridge (she who was Parson Jank's daughter). Simon, the elder son, who has beamed upon Wall Street these many years as Jenks-Smith, took his daily wash by dipping his mop head in the horse trough and then shaking himself like a wet dog. Now he and his portly wife, the Lady of the Bluffs, not only have a bathroom apiece, with ornate dressing rooms attached, but a steaming arrangement next a divaned lounging room and a swimming pool that may be opened to the garden. Of course it would be undesirable now for Jenks-Smith to dip his head in the trough and shake it, but

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the excess in household equipment is as difficult for the refined homemaker of small means to combat as any excess of food or display in dress, because it raises the necessity of extra household service. Did you ever time yourself, dear housemother, in the daily keeping of your single bathroom "spick and span" as it should be? Then multiply by three!

"For shame!" jeers my *Familiar*, "not only are you straggling from your subject first declared, but you are hatching uncharitable thoughts, which you have vowed should neither enter nor leave your Experience books, especially this one to be labeled *Medical!* Please remember also that you are not an unbiased judge, for baths and bathrooms are for you a rather tender subject, something akin to that of Richard having outstripped Ian at college!"

This is half true. Yet as I look about me and see the high cost in wear and tear of detailed luxury with no corresponding advance in good heart or breeding, I am becoming more and more imbued with father's philosophy of the courtesies of life, home life, as being in inverse ratio to the increase in having and spending.

"What have bathrooms or their lack to do with trained nurses and nursing?" I hear someone demur.

Everything, dear lady. The family bathroom and the trained nurse are indissolubly connected, and when a nurse, *not* on her first case, goes from a luxurious home of many baths to the simple home of

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one or even two, there is oftentimes a chill in the atmosphere not wholly due to modern ventilation.

Among my home memories of the *Beforetimes* when I was a little girl and there were no trained nurses, my trifling illnesses stand out as red-letter days. For to be ill meant having mother all to myself, being ensconced in the big plump bed in the guest room, opposite the log fire (I seem only to have been ill in cold weather), and having father come to the door and knock with mock formality as the doctor from Bridgeton might have done. Nice things to eat always followed, and sometimes mother would hang a couple of apples by a twisted string from the mantel shelf to roast before the fire, and the bobbing about of them as they twisted and untwisted would invariably make me sleepy. Then, at these times, the newest, softest setter pup would be allowed to stay with me in spite of the fact of his being very absent-minded in his sanitary deportment.

I always had the firelight and puppy except when I had the measles, when both, for reasons not then understood by me, were shut out and I wore a "blinker" over my eyes like our fence-jumping cow, except that mine was made of muslin and hers of a bit of board.

Of all those days I think I enjoyed those following a sprained ankle the most, for it was a sort of ecstatic crippledom, a ten days' convalescence, yet with all the importance of a real sickness. None of the abso-

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lute confinement of bed, but a very deep, fat lounging-chair, with my foot feather-pillowed on another.

A few years ago, a rug coasting along the smooth floor caused me to sit down suddenly with my foot turned, footstool fashion, under me. Quick as a flash I was on my feet again, but a thrill of pain shot from toes to brain and for the time conquered me. Father, having gone to Pine Ridge upon one of those visits of patients caused by the uncertainty of the homing of the Stork, I managed to crawl to the telephone and call the New Physician, who had come to help father with his most arduous out-practice and grow up with the rising generation. He was a breezy sort of fellow, well trained, well read, and experienced in much hospital work both in New York and London. In the *Beforetimes* this country neighborhood could not have hoped to have attracted such a man unless born on the soil as was father, but the finding of medical skill in unexpected places is one of the signs of the new times.

Meanwhile I waited, hungering for sympathy and crouching on the hall settee until Effie should have gone up for Martha Saunders, who was no longer as fleet of foot as she was warm of heart. I wondered if the doctor could get me upstairs unaided or if we must wait for Evan's return, and I also began to rebel at the thought of a ten days' loss of the use of my foot at a time when the roses were coming on and needed careful watching for beetles, and the boys

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would soon be due home from college with the usual trail of "unexpected" company.

Effie returned almost as soon, it seemed, as she had left, having been headed off and brought back by the New Physician, who at once declared that Martha was not needed.

Pulling off my shoe and stocking with scant ceremony, he straightened the foot quickly, saying to Effie as he did so, "A foot bath and a pitcher of hot water, *hot*, not lukewarm." Testing the water carefully, by pushing up his sleeve and dipping his elbow in it, he began pouring it over my ankle.

I cried out that it was boiling and that my skin would come off.

He said that neither one thing nor the other was the case. "Now a Gibney bandage and you will be quite right," and he groped in his bag for the adhesive plaster. In a few moments he pronounced the foot ready.

"Ready for what?" I asked.

"Your stocking and shoe, though an older and looser shoe than that which you have been wearing will be best."

"Then I need not keep my foot up, or rest upstairs?" I queried with brows raised sceptically, I know.

"On the contrary, best keep moving, it prevents congestion and the consequent stiffness. You usually walk down the road to meet your husband at five,

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that gives you forty-five minutes. Rest half an hour, then try to walk; if it hurts too much, take a cane and hop. I'll loosen the bandage in a day or two, and sooner if the foot swells."

Then he went away, leaving me feeling not only queer and squeamish at best, but as if my ears had been suddenly boxed for trying to feign illness. I did as he had directed, and yet the whole happening was a mental as well as a physical shock, rending the memory of the *Beforetimes* from the present order. No petting, no rest, no mother's touch, not even a word of sympathy, but only being told, with the up-to-date rapidity quite apart from brusqueness, to get up and walk, carrying my own responsibility with me!

This little episode, insignificant in itself and characteristic of the new régime, is simply one of the many distinct boundary lines between the old and the new. Those who are pausing for a moment, as I am, at the wayside rest-house called middle age (the Hour of Unrest some find it), and are looking back over the course, can best realize the swiftness of the journey from the *Beforetimes* to now, not only in the habits of living but in what may be called its geography. While the medical practice of today is all action with no waiting, it even now must pause at dark corners, realizing how far the "unknown transcends the what-we-know."

"Appendicitis" has followed the vaguely termed

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and often fatal "inflammation of the bowels," and the germs of evil, heretofore either unrecognized or recklessly confused, are separated and labeled with as much certainty as the different breeds of poultry on a model farm are separated into coops. The time came when no longer was there a period of waiting, fatal to patient and dangerous to the watchers, to see if so-called follicular tonsillitis would "develop" into diphtheria or a cold into pneumonia. Tonsils and adenoids are removed as casually as defective teeth. Culture-taking strode in ahead of symptoms to meet them in open warfare. But before all this could be more than a dream, as far as the general public was concerned, the physician or surgeon had to call upon Woman, his travel-mate in every journey toward good to be trained as a *Captain of the Watch* over disease and against death. Without her vigilance in watching symptoms, much effort would not only be wasted, but impossible. So it was that the evolution of the Trained Nurse came about. The woman-pluck, which had proved susceptible to discipline and hard training by example and instruction, was utilized in the exacting field of home life, in the training of women, young women, to whom discipline might become a habit and whose minds might take the clearer impress, as against the well-meaning but often irresponsible casual attendant.

Father's struggle had been long and keen, and his personal wear and tear distressing in meditating

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between disease and some of the old régime of "natural born" nurses, and the accommodating patient ministers' wives who, here in Oaklands, were expected as a matter of course to "sit up" with the sick of the parish.

Then came a day, or rather a night, when father called a halt and spread it abroad that, in future, whenever he was to attend a serious case of illness, the nurse must be one of his own choosing. Not only was it impossible to insist upon methods of treatment that, to be carried out, involved infinite detail on the part of the *quasi* nurse and great fatigue, impossible to endure by those untrained to it, but medicine itself was becoming at odds with the traditions of the middle-aged accommodator, from which class the "natural born" nurse was usually drawn.

Up at the Ridge a typhoid patient, a young man and an only son, who was comfortably convalescent, relapsed and died. When the mystery of it was driven home, it was found that the nurse (a middle-aged cousin who was much prized and sought far and near, and who had assisted most of the babies of the hill country into the world), had judged it best to bring the milk diet required to a sudden end and had given the boy a ham sandwich "because he had begged for it." Moreover, instead of being impressed by the enormity of her offense, she merely folded her hands in an attitude supposed to repre-

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sent resignation and, rolling her eyes skyward, answered only, "It was to be," in reply to father's anguished remonstrance.

The coming of the Trained Nurse was like introducing a new religion. Even Aunt Lot, usually loyal to father's every wish, sniffed and besought me to save her from them, telling me confidentially that she would rather die uncared for and be buried with her eyes wide open, than to be handled by anyone who was so bold as to go into hospitals and see all that went on there, with those young doctors looking on at the very same time.

This was forty years ago and today my Medical Experience Book reads like a registry of Trained Nurses. Not that the illnesses of Evan and myself have alone brought about the experiences recorded, but, it seems that God has sent me friends to be my family; to live doubly and love and suffer with them, as friendship's gift implies. As I look over the names of nurses written in my book, many emotions follow the glance: gratitude and respect for the many; admiration, coupled with enduring love, for a few. Then followed pity for the odds and ends who, not being of the stuff that was either trainable or enduring, mistook their calling and melted away. Father and I called them, between ourselves, *Blotting Paper Nurses*, quick to absorb, and apparently equally quick to let evaporate their training, consequently unable to stand the use. Yet

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even with these, the fault is rather with those who allowed them to pass beyond their period of probation. Blotting paper has its uses, but not as the material upon which to expend labor or to subject to strain.

Three women alone are written in my book upon the page of the condemned: the Slob, the Devil and the Yellow Cat; about these I will speak later, as they are types as well as individuals. Strangely, as it happened, the first trained nurse who came to our house arrived in father's absence to help me care for Evan in the night watch, and with her coming and the comfort of it, he and I closed the door almost gladly on the *Beforetimes'* nurses and their memory—always excepting that of the mothers of the soft, sleep-giving bosom and of the gentle touch.

VI. THE TRAINED NURSE AS A HUMAN BEING

(Homekeepers and Nurses, Take Notice!)

When the nurse, ordered or perhaps engaged by your physician, arrives at your house, you look her over casually while you show her where to place her outdoor wraps, unpack her kit, and change to her uniform.

It may be that the physician has left directions for her guidance, or he may intend giving them at his next visit. Meantime, it is your duty to so place the nurse in her new surroundings that she may "find herself" without loss of time before taking up the medical side of her professional responsibility. For no matter how wide her experience both in hospital and private work, each strange home that she enters is a new battleground where a disease, more or less serious, is to be met and routed, making it necessary that the *Captain of the Watch* should know her domestic compass points before she can plan the campaign to the best advantage. If the one in charge of the household, other than the patient, will only have this in mind, much unnecessary friction will be

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avoided and the nurse will not be spoken of (usually after the battle is over) as a "trouble breeder, who interfered with the household maids, making extra work for both them and the family."

Oftentimes, misunderstandings arise because the nurse, not being a mind reader, is at a loss to know exactly how much initiative she may take outside of the sickroom. She does not know the location of the pantry or kitchen, or the source of other necessary supplies. If there is ample service in the household, is she desired to ring for what she needs, milk, ice or suchlike, or is she to go downstairs and help herself? Be very sure that, after telling her your wishes, you repeat them to the maids, that there may be no crossed wires.

The same applies regarding the patient's food trays. At a time when the science of dietetics, and the control of disease thereby, is becoming a matter of increasing importance, the selecting and preparation of the patient's meals, and their serving, are no longer casual slap-dash matters, and nurses in increasing numbers are taking special training in these branches. Consequently, there must be coöperation between nurse, kitchen and house manager so that friction and slips will be impossible.

After ascertaining her requirements, if you do not wish the nurse to potter about kitchen or pantry, but prefer to have the food prepared perhaps by yourself, and assembled and delivered to her at the door

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of the sickroom (a requirement always in contagion), say so in the beginning. Also on a twenty-four-hour, "overtime" case, or with the double shift, ask the night *Captain* what she desires for her midnight meal and see that it is placed where she can serve herself conveniently when she is ready.

If there is but one maid, or none, talk over the situation with the nurse so that, by mutual planning and agreement, necessities may be stored as close at hand as possible and wearisome stair climbing and unnecessary steps saved on both sides.

On the other hand, *Captain of the Watch*, if the home, owing to the illness of its master, has no definite director for the moment, you should try to feel your way for a time until you get your bearings. Do not begin by being aggressive, for if you look for trouble while you are adjusting yourself, you will be sure to find it in good measure. Trouble is one of the things always lying about loose, waiting for someone to pick it up.

Instead of sidestepping, think quickly. If a household head is lacking, ask your own questions of the next in line without the slightest hesitation, but in a way that shall be the reverse of impertinence. Remember that, in many households, illness, other than a snuffle-cold, or an upset stomach, is in itself viewed as a calamity, sharply accentuated by the coming of a trained nurse, and that the necessary equipment may be absolutely unknown. Therefore,

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it lies with you to make your demands as light as possible and to use your own invention at all times to avoid bringing unnecessary expense upon the average home, where the money weight lies heavily.

I know of a one-hundred per cent nurse, called to a typhoid case in a home of great wealth, where the toilet paper supplied the maids' bathroom (now pressed into use for the disinfection of vessels, etc.) was of such a cheap rasping kind that the nurse herself bought and supplied the soft, fiberless quality necessary, rather than ask for it, not realizing that in unselfishly concealing the need, she was not only being unjust to herself but to her employers.

In considering the readjustment of the nurse to each new case, I wonder if the patient realizes that the profession of nursing is one of *perpetual readjustment*: mental, physical and emotional. If this can be understood, even in a small degree, the strain upon the nurse as a human being will be better understood.

Patient (so often needlessly *impatient*), do you give sufficient heed to this? Or do you stick your finger into the eye of the Golden Rule, and do you class the nurse as an inanimate article? Is she, to you, merely an ever-ready instrument, like the clinical thermometer, or the electric hot pad, which, though it has distanced the pestiferous, ever-leaky hot-water bag, is prone to burn out its coils? Remember that even the clinical thermometer has a

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way of getting out of count if used for many years.

Good health, of course, is one of the first qualifications for a nurse. Even so, like all other women, is she not under a spell of the moon that changes every twenty-eight days?

The really good physician, who does not need to seek petty conventionalities to enhance his dignity, will say to the painfully rigid figure standing at the bed foot, "Sit down, Miss B.," when making a lengthy bedside call which does not require the nurse to handle the patient. You may scorn such small matters as these, doctor, but they all count in the day's strain. You expect the nurse to come to your work with fresh interest and sympathy. It may be that but a day or so has elapsed since she left a heart-rending scene of parting. She does not speak of this if she is wise. In fact, if she is to make good at her next work, she must take what might be called artificial means to obliterate this memory, such as dining out and going to a jolly play with a friend or two who have been under a like, or equally great, strain. She cannot allow herself the luxury of rest and time, the normal cure of strained nerves, yet she is often condemned as giddy or unfeeling, because of this brief relaxation, which is absolutely necessary if she is to keep her professional and personal *morale* for any number of years.

Woman-in-charge-of-the-house, the fact that you

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are paying the nurse a wage that seems to you enormous, because you "cannot really afford it" (though at the worst it is less than that of the bricklayer who built your chimney), does not make the nurse the less a human being. Where the real economy of the house mother comes in, is through her intelligence in taking inward note of the rules of the sickroom and so coöperate with the *Captain of the Watch* that she may herself become capable and able to relieve the nurse during convalescence. This is often a long period in which the conscientious nurse sometimes feels herself the odd number, and from which she would gladly escape to serve really acute need.

If a nurse is on twenty-four-hour duty, whether or not she sleeps in the patient's room, see that she has a comfortable bed and bedding. Do not let her writhe on a hard "lame of a leg" cot and under half portion covers that will not reach feet and shoulders at the same time.

If it has been decided that the nurse's meals are to be sent up, or perhaps served in the dining room after those of the household, in order that the patient may not be left alone, see that the nurse's food is set aside in the hot closet. If the nurse is not to have the companionship of the family table, at least see that her portions are not cold left-overs from uncovered dishes long exposed.

"Such a lot of fuss," do you say? Not at all; it is simply human justice dealt by household coöpera-

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tion, which, if there are maids will guide even them in the treatment of the nurse. You can imbue the household help with this spirit, and you alone, by taking the initiative and showing that it is a *must-be*. While on the other hand the nurse, if she is blind to the verge of unkindness in this direction—and some are—must understand that it is up to her to prevent unnecessary work caused by leaving used dishes about. If she has a place where it may be done, it is her duty to wash and wipe a glass or spoon, when she has used it, and not let the waitress, single maid, or house mother when she comes to the table for a meal, find every glass from the pantry shelf soiled and standing by the sink, when water and towels were close at hand for the cleansing. If it is done each time the glass is used, it is a matter of no moment. I once knew this to occur in the case of a well-nigh one-hundred per cent nurse, at a time when she was not closely confined in the sickroom. How did it happen? Simply through momentary lack of adjustment. The nurse had been for a long period with a patient in a hotel providing that press-the-button service which largely does away with thinking and demoralizes us all—if we grow into the habit. She had become accustomed to set the dishes in an anteroom and they disappeared. She had not quickly grasped the change to one maid. When she was reminded, there were no more soiled glasses.

Please remember, employer and nurse, that you are

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both human beings and liable to make mistakes, so do not turn these into a war between vocations and so-called classes. Remember that the same frame of bone, flesh and nerves, pulling the emotions, may hide the same sudden pain, whether it is concealed by the spotless white uniform or the smart tailored frock. "Smart frock," however, may curl up on her lounge swathed in a charming negligee, moan a bit and command sympathy, while "white frock" is expected to "keep a-pedaling" (as the bicycle instructor used to tell us ages ago when I was a beginner and prone to fall off), and in addition to keep going, nurse must grin and bear it!

Nurse, if you cannot always manage the grin, and sometimes a composite "chip" slips off your shoulder, don't see it or pick it up; that is, *unless it splashes into your morning coffee and spoils it*. This being an important and almost sacred beverage, the employer may then remark, "You must have had a disturbing night, Miss B.; when *I* do, it always upsets me!"

VII. THE UNTRAINED PATIENT

However few of the details of her training a nurse may have retained, whether or not she be of the *Blotting Paper* variety that absorbs information quickly and as quickly lets it evaporate, or of the slate-brained type that is surface-scratched, but never deeply impressed, she must always have the advantage over the *untrained* patient, and should handle herself accordingly.

"An untrained patient," I hear you say. "What does she mean? Patients are not trained."

Yes, *some* are, my young nurse-on-her-first-out-case, though it is not the rule, as you will soon find out; and one of your many unconscious services is to help train them for the good of the next nurse in line, as well as for general humanity. A man or a woman, who has been more or less dominant in world or household control and has never been either party to, or the real sufferer from, severe illness; who is confined to bed and is thus at least partly under the directions of another, is as wholly untrained for the adventure as the pupil nurse on her first day of probation. Also, like the nurse, he or she may be trainable under careful tuition, or in due course may

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become the bane of all who are associated with the "case"; may become the *impossible patient*, who, in the course of a usually long life, may put many one-hundred per cent nurses to rout (and sometimes the physician himself as well).

I believe that the development of, or the failure to develop, this training for the atmosphere of illness really begins in childhood. So much depends on the way in which the mother exerts the undefined discipline of love in checking impatience over small annoyances, and in showing how to overcome the disappointments caused by a rainy holiday, by the necessity of staying home from a party because of a snuffle-cold, or by abstinence from eating forbidden fruit. All these little points will come to the fore in later life under the necessity for *reasonable* patience and self-restraint in illness. I say *reasonable* patience because illness, not being a normal condition, must not be judged absolutely by normal standards.

When upon several occasions I have heard a woman, who is considered socially correct, bully and heckle a nurse, finding fault with every move, balking every medical direction, and yet not realizing that she is the chief loser thereby, I have sometimes wondered whether the fault did not lie at base with her parents who were selfishly blind as to the result; who never took the trouble to show the reason for self-control, and either laughed at her brainstorms

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as being amusing, or weakly yielded to them because it was the "easiest way."

Of course, no one likes to be ill (at least after childhood when it means staying at home from school, a period of special privilege and having dainty things to eat), but the adult patient must remember that the inconvenience and expense caused by illness is increased by insubordination, by yielding to ugly moods without the excuse of pain, and by wreaking this impatience on nurse and physician. Occasionally the nurse finds herself the butt of *both* the patient and the family, who are exasperated that a nurse is thought necessary by the physician. Sometimes the male head of the house is so cowed by the misfortune that all he can do is to keep out of the way so far as possible and let the nurse go it alone.

For example, Mrs. Z. had gone through a rather severe case of grip with "flu" symptoms that needed careful watching. Two married daughters who lived in distant cities could not leave their families, so when Mr. Z. found the domestic craft without steering gear, he joyfully told the doctor to "go right ahead and get nurses and anything in reason so that the maids would stay and Marietta need not get more put out than usual." His wording indicated that Marietta was at no time an easy mistress. In reality, maids came and went often, for she was known downstairs as one of The Order of P. A. K. D. (Parlor Angel, Kitchen Devil). One so branded

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rarely gets more than very temporary and high-priced helpers, who merely fill in time between better places.

Mrs. Z.'s friends had long been excluded because she had some laryngeal symptoms that limited her speech. Each day the physician had to go over the same line of reasoning, no matter how much he might be pressed for time. Finally came a day of convalescence when the door might be opened to a few callers, a cousin, a niece and one intimate friend being chosen from the list. Twenty minutes was the time limit, and the niece, an understanding girl, was made the timekeeper by the nurse who was now on twenty-four-hour duty.

The preparatory prinking had been very exacting and in itself must have exhausted Mrs. Z. Her hair had to be arranged twice so that she might see which style looked the best against the pillows. Then she decided that a sleeveless negligee she had selected made her look too pale, while her next choice did not match the pillow slips. So impatient was she that instead of waiting until the bedside tray was swung in place before her, she snatched at the cup of broth that she was to take to brace her up before her guests arrived and spilled the greater part upon quilt and clothing, making a change of both necessary,—all the while by words and looks flashing blame upon the nurse.

When all was again in readiness, she demanded

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that a frail little clock from the mantel be set within reach and sank back exhausted upon the pillows, with a red spot burning in each cheek, and a quickening in the veins that showed their blue threads at the temples. Noticing this, the nurse gently laid a finger on the pulse of the nearest hand, that was now nervously folding the sheet hem. Pulling her hand away, Mrs. Z. croaked, "Enough of that! You're just trying to trump up some sort of reason for keeping away my callers. Aren't you now? Oh, I see through you; deny it if you can." There followed a fit of tight coughing, the larynx having actively protested, and then came the resultant quickening respiration. Knowing that argument was useless, the nurse stepped into the dressing room to make an entry on her chart.

"Come back this minute! What are you doing in there? You are always going out of the room except when the doctor calls and then you never budge. You are afraid that I'll tell him how you treat me, or else you're jealous if he talks a bit and you won't know what he says. Don't you see that you have made me feverish with all your fussing? Chicken broth always makes me thirsty and now I've a nasty taste in my mouth and no time to rinse it for there is someone knocking. Are you deaf?"

Three ladies, modishly dressed, now entered and there was a heavy fragrance from the flowers the youngest carried. The young girl, after greeting her

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Aunt Marietta, nodded to the nurse, smiling pleasantly as she asked "How goes it?" in a tone that meant that the nurse need not give a complicated reply. The two others merely looked *through* the nurse, who was placing the chairs so that the patient could see them all without turning her head.

Of the two older women, who were in the late forties, one was harmless, looking merely like overstuffed upholstery. She would never take the initiative, but would be an adhesive follower. The other was of the "see all and criticize" type. Any nurse will be able to fill out her description.

Placing the little call-bell on the bedside table, and gathering the flowers deftly into a vase, setting it not too close to the bed, the nurse left by way of the dressing room and was closing the door gently when Mrs. Z. called sharply, "Don't go downstairs to gossip about me with those saucy maids. I may need you at any minute; in fact, my right foot is all pins and needles now; you'll have to rub it. That's what you're here for anyway, you know."

Nurse kneels and rubs the foot. "Now the other one. There, the prickles are in both my hands. It seems to me that all the good *your* rubbing does is to spread the trouble, and your hands are as rough as sandpaper."

The nurse's cheeks are now as red as the fevered patient's, but the strain was relieved when the young woman gave a little amused laugh and glancing sym-

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pathetically across to the nurse said: "Why, Aunt Etta, you must be getting well; you are *so* cross. Mummy always said that was a sign when we were ill. Then *you*, above all people, should not blame the nurse for rough hands. Don't you know that it is that nasty stuff formaldehyde or carbolic acid that you blue-nose prohibition extremists have caused to be put into the bath-alcohol which has roughened her poor hands? So it is really *you* who are to blame. I suppose I mustn't think of lighting a cigarette in here," she added, catching the nurse's eye, with mischief in her own that said plainly, "I don't smoke at all, but I know what you are going through and if *I* shock aunty she can't hit back at *me*."

The Critic meanwhile had adjusted her chair so that she not only saw what was in front of her, but she could cover the back of the room and dressing closet as well via the long mirror. There the nurse, not daring to go farther, had taken refuge as far out of sight as possible, lest she be accused of listening.

After an exaggerated, and to the nurse perfectly audible, account of her illness had been given with many inaccurate details and bids for pity, until the subject was becoming frayed even to the teller, the young woman, groping for a safe subject of usual interest, said, "I suppose, aunty, now that you have plenty of time you will be planning your winter clothes, and I *know* that you always love to do that. I saw a charming dinner wrap yesterday, warm, but

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not as heavy as your fur, just the thing when you first dine out and must be very careful."

At the word *clothes*, Mrs. Z. sat up, pushing the pillows right and left until one fell sidewise to the floor, taking the clock and several other articles from the table with it. "Clothes! A new wrap! Don't *speak* to *me* about new clothes with a trained nurse to pay; all my money goes out to her. Poor Henry has to work *so* hard, even though unkind people did say he was a war profiteer," and she burst into a sobbing sort of whine.

"Now aunty, you must be quiet, or we will have to go. Of course I know that you must be light-headed and do not mean a word that you are saying. It isn't true about no clothes, for uncle told mother that you might have three nurses if you required them, or anything else to keep the cook from being over-worked and leaving, as she is the first that he has ever had that considered the timing of his eggs of any importance and made enough coffee for a second cup. Then, too, the nurse might hear you and that would be *awful*."

"I hope she does; it will do her good," sobbed the patient, again struggling with her cough.

The ladies rose hastily as the nurse returned. Of course she had heard every word, but she tactfully came in by another door that the guests might feel less embarrassed, though she knew that the Critic, who now hummed rudely and gazed out of the win-

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dow to avoid speaking to her, had located her by the mirror.

"Time is up and more," said the young woman cheerfully to the nurse. "I really think that, to please aunty, you have let us come too soon. She is terribly nervous."

"It is only a few minutes overtime," Nurse replied, picking up the clock, broken by its fall, and replacing the pillows.

"Overtime? No such thing, you moved the hands; I as good as saw you fumbling with it before you picked up the pillow," snapped Mrs. Z.

That afternoon a temperature of 103° was recorded, and poor Mr. Z., whose daily visits were growing briefer and who was willing to pay any price for peace without responsibility, called up the doctor, less from anxiety than from weariness.

"What has caused this relapse?" the physician asked the nurse, when half an hour later she had slipped out to greet him at the stair head. Briefly she ran over the details of the day, while he read the chart.

"Humph!" he ejaculated, looking at and through her at the same time. "This is an unsatisfactory case for both of us, but for you in particular. Service and temper all day, broken rest and unnecessary exactions all night. I shall put on a second nurse again; yes, this very night. You've had enough of this. An impossible patient is not to be compassed by

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twenty-four-hour duty. In cases where it is a matter of lack of money, the family must piece out and keep the result between themselves. I will tell Mrs. Z. at once."

"I'm so glad Doctor that *you* realize that I am not having sufficient care, though I *know* that one really competent woman could easily do more than all I require. *You* always understand me," she said in the slow, gentle voice she usually was able to command for the physician.

"No, *I had no idea*," he replied, the sarcasm of his tone passing over her head, "so, to guard against accidents, we will again have a night 'special' and, immediately she arrives, Miss N. will leave you at my request. Miss N. needs rest after her six weeks of hard work."

"A rest? Hard work? Preposterous! Surely you are joking; she really has done next to nothing. Ah! I see it is your charming way of putting it, so that I cannot say that you dismissed her for incompetence. Kind doctor! You are so sympathetic, even to a *trained nurse!*"

* * * * *

(Outside the door)

"Miss N., when you leave here, better rest for a few days, visit about or see a play. At the end of the week I'll place you differently for I surely owe you something for standing by me with this impos-

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sible woman. I'll send you to the home of a happy, normal young couple with a new baby. Not a *first* child, oh, no, the third, whose mother is one of my best *Trained Patients*."

VIII. THE DICTATORIAL NURSE

While the nurse must now and then bear with, and adapt herself to, an *impossible patient*, one whose temperament will not allow the best results of care to be shown, the patient also at times comes in contact with that type of woman in cap and uniform, the *Dictatorial Trained Nurse*, who is by nature arbitrary, and whose chief delight is to conjugate the verb *to heckle!*

This nurse may be dictatorial through early environment, from lack of association with people of intelligence, and so have too great a sense of her own importance because of her greater medical knowledge. Or she may have been too deeply impressed by training school rules and technicalities, ranking them as of major importance, letting them obscure the underlying spirit of service *to*, and the comfort *of*, the patient. If the latter is the case, it may soon be softened and adapted by outside contact with the needs of many homes in a way impossible to the training school. One thing the nurse must early realize is that, in her profession more than any other save that of medicine, a little learning, when coupled with brief authority, is a very dangerous thing; also

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that if it causes her to show scant faith in the physician for whom she works, it is the most unforgivable of errors.

After receiving the physician's directions for the handling of her work, and after grasping any legitimate opportunities for the understanding of the resources of the family where this work lies, it is the business of the nurse, in so far as possible, to blend the two, avoiding all sharp corners of collision. One thing the nurse should never do is to cheapen herself by insisting on unnecessary frills and details by way of "showing off," as it were, and make her authority felt.

Jealousy also has a bit to do with the dictatorial attitude of some nurses. They wish to have it understood that they are *It*, the *Whole Thing*, in the sick-room, and by this exhibition they only prove that they are quite out of place there. If a household maid, while staying with the patient during the nurse's mealtime, makes herself particularly agreeable and comforting, by some little act, the dictatorial nurse will often resent it as encroaching upon her right of way, sometimes saying as much quite abruptly, instead of realizing the value of such an ally. The natural jealousy that spells self-preservation is quite another thing from this "cattish" variety.

One way by which a nurse can most offensively show this spirit of dictation is by reminding the

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patient at intervals, and quite ahead of time, of the necessity of undergoing some unpleasant treatment or the taking of disagreeable medicine. I had an experience of this sort of thing in my early married life, and I have never forgotten it. Let me say also that this nurse was of so-called good birth and breeding, a graduate of one of the Big City's best training schools, so that her defect must have been fundamental, over-developed by a sense of her own worth. Her false viewpoint made her consider it a favor to the world that she should work (a condition made imperative by necessity) and, having chosen nursing as the shortest cut to adequate food and housing, she resolved to make herself felt, and she did!

Almost as soon as she was alone with me, she began to enlarge upon the things that she had *not* been required to do in her youth. Then she switched abruptly when she observed the open fire of Liverpool coal, flanked by a hod filled with lumps of moderate size, a padded mitten being at hand for handling the same.

She asked breezily, "Am I expected to tend the fire?"

"Yes," I replied, "of course. My mother has been doing it since I became ill and before that whichever member of the family who happened to be near by. As a matter of fact, the man brings up the coal and takes out the ashes in the morning."

"It is the first time that I've been asked to tend

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fires, but I suppose that I must expect such things *now*." This, with a sigh so reminiscent that it left me an opening for an inquiry that would lead to further talk of her past. I did not ask any questions and pretended to doze, whereupon she opened her watch (wrist watches were not in use then), and closed it with a snap. This was wholly unnecessary as the mantel clock had a perfectly clear dial. Then she remarked *at*, rather than *to* me, "In half an hour it will be time for you to take your iron again."

This, out of a clear sky, was like telling a happily oblivious child that tomorrow at three it must have a tooth pulled. It was in the *Beforetimes* of large unforgettable doses; we do all these things better now, tablets, treatments, etc. This specially detestable thing that I must take was dialyzed iron, half a glass of muddy mixture to which two drops of Fowler's solution of arsenic was added. The compound stuck to the teeth in spite of the glass tube for its taking, and was particularly distasteful to one suffering from the nerve-strain that follows anemia.

Perhaps I really dozed for a few minutes; at least I did not reply. But to no avail, for the sharp insistent voice ordered: "Don't go to sleep *now*; it is not the time for your nap. As you must take your iron in just ten minutes you had better make up your mind to it so that you will not shudder when you see me pouring it out as you did this morning."

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Again silence on my part. The door opened quietly and my husband appeared, not for a real visit, but because he happened to have come up town, and being near by, naturally ran in by way of cheering me up. Merely nodding to the nurse, he came to the bedside, held my hand for a couple of minutes and left as quietly as he came. I did not notice that the nurse had followed him from the room, though her return was unmistakable. The clock told that it was time for the medicine, but as if that was not enough, she paused a moment with the glass in her hand before coming in to the bed and said: "I suppose you wonder why I followed your husband out? But I felt it my duty to tell him that such unexpected visits could but startle you in your weak condition, making you feel perhaps that he was unduly alarmed about you."

"Of course, being in your mother's house, it is natural that *she* should feel that *she* may come in at any time, even though I feel it unwise."

Then she raised my head at an uncomfortable angle that made swallowing difficult and placed the glass tube—I might say forced it—in my mouth, where the liquid met a sob, caused by my disappointment at the criticism of my man's visit, thus spoiling the cheer of it, and most of the iron flew in the nurse's face while the rest divided itself between bedquilt and blanket. Then it was that our swords crossed for good, for she said plainly that I had insulted her

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on purpose! Yet my sword hand was too feeble to know just how to handle the weapon quickly.

What could I do? I had still sufficient self-control not to wish to put additional worry upon my kin, but not enough to endure the perpetual dictation and insistence upon the merest trifles and the attitude of overbearing authority which she gave to the most ordinary routine work. Many simple requests that I made she refused as "not having been ordered." Well, I must watch out and bide my time!

One night I awakened, feeling very faint and as if I were surrounded by cold water, so damp was my clothing with chilled sweat. I spoke to the nurse who was sleeping soundly on the cot, "a drink of water," adding feebly, "quick, please." I can remember the quality of my voice even now. Up she jumped, evidently but half awake, passed her hand over my clammy, wet forehead and, not heeding my plea for water, threw open the door and, stumbling up the stairs to where my husband slept, called so loud that I heard her distinctly, "Get the doctor quick; she is sinking fast!" Sinking fast? So that was what it meant, for I felt that I was being pulled backward down a long tunnel so quickly that the firelight and the night taper were growing dim and farther and farther away. But I was perfectly conscious and mentally alert. Oh, if I could only get some water! I turned just a little to see if I could reach the side table. Then I forgot about the water.

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What I next remembered was the warmth of mother's hand chafing mine while she held a glass of water to my lips, gently checking me when I would have drunk too quickly. The lights began to come back. As I sighed "so good" and cuddled the hand close to my neck I saw the outline of two men, Dr. T. and my husband. Both, as I saw later, were wearing their coats over their night clothes. One looked puzzled, the other wan with fright.

"Her pulse is fairly strong. What was it when you sent for me?" the doctor asked the nurse.

"There was no time to take it," she replied with the complete assurance of one who always does the right thing.

"Then why, what the—?" he began, but quickly checked himself.

"I only wanted a drink of water, not you," I piped, "but Nurse wouldn't give it to me."

"Didn't you give her water, Nurse?"

"Certainly *not*, she is to have it only sparingly and no water was charted by Dr. K. for the night."

Again I watched and waited. Two days later I acted, and that openly, for it was of no use for me to try to see the doctor without that white-capped dictator standing at the bed foot staring at me.

One morning, pulling Dr. K. close to me, I croaked: "I want another nurse; I don't like this one. She is not clean." Of course this appeared a very sudden

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statement to the M.D. and, to the nurse, a mere raving. The doctor tried to sidetrack me, diplomatically and wisely enough from his standpoint, for the complaints of the ill, both real and imaginary, are constant thorns in the medical flesh.

"There, there, young woman, what you really mean to say is that you *don't like being ill*. Of course I know that you do not like the iron and the hot douches and all that, and maybe nurse has spilled a little something on her apron that looked messy. But you must blame *me* for what I have ordered and not the *nurse*."

"I don't mind *doing* the things, but I do mind being bullied about everything; and oh, Doctor, is it on the chart that Nurse is to empty the urinal down the wash basin in the dressing room? The bathroom is right next the door outside and I think that would be a much better place."

"Urinal? Wash basin? Dressing room? Impossible? She would not do such a thing. You must be using your vivid imagination overtime, for you can't possibly see around a corner. What does she mean, Nurse?"

With a slight shrug of her shoulders and a glittering smile that was meant to be one of pity, the nurse tapped her forehead with her fingers to indicate that I was a bit light-headed, irresponsible, as anemia often makes one. The worm however was turning fast! Making a crook of my lean arm, thin as a

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broomstick and almost as stiff, I hooked it around Dr. K.'s long neck until his head was on a level with mine and his eyes must look into the mirror, so slanted that it gave a complete picture of the inside of the dressing room, basin and all!

I had a new nurse that very afternoon! A competent and lovable one who had understanding.

This took place many years ago, but within the twelve-month it has reached my ears that, confined in a sanitarium for mental disorders, is that *Dictatorial Nurse*, a paranoiac, whose fixed idea is that she is the general of an army that has mutinied, so that her shrieked orders are never obeyed. At the same time she herself refuses to be amenable to any form of curative treatment. Nurses, with ever so slight a dictatorial complex, watch out!

BREWSTER HOSPITAL JACKSONVILLE, FLORIDA

IX. OUR FIRST TRAINED NURSE

It is often said of people that they are bound by tradition, when they are merely holding to a standard beyond the scope of the experience of their critics.

In nothing does the standard of a first experience play a more important part than in the general attitude toward trained nurses and nursing. This first experience either sows the seed of distrust and dislike, or plants deep the roots of a vine of expectant confidence that will, in future years yield, at our need, the shade of its protection and the wine of its ministry.

It is this first impression, this planting of a high standard of service in a household, that is not only of importance to the nurse who goes to her first patient outside the hospital, but to every other nurse who may follow her. I had almost said first "case" instead of patient, following the common usage from which, in this instance, I wish all nurses would break away and find an equally brief but more human equivalent.

In my childhood, when I heard the word "case" used by father or the physicians who came to consult with him, "case" always stood to me for a live

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thing shut up in a tight box from which it was vainly trying to escape, a mysterious something undergoing a punishment in an equally mysterious fashion. In recent years, when lying in a hospital during that period of conscious unconsciousness that often precedes the last effects of the anesthetic, a well-meaning floor-nurse asked my "special," "Isn't your case out of ether yet?" That question hustled me together, all in a heap, as would the sharp jar of a box of dominoes, pushed from a table and spilling upon a hard-wood floor. Instantly, not a human sensation remained with me and for a second time I drifted off to the between-world, wondering if I should ever be myself again, a thing of flesh and blood, or if I was to remain forever inanimate wood, a "case," without sight or hearing.

Apropos of this condition, let me voice one of the little suggestions from the *patient's standpoint* that are the strings to bind the loose leaves of this scrap-book.

Never take it for granted that your patients are unconscious because they are in an apparently lethargic condition. I know that this time of suspension is, to some temperaments, a period of almost clairvoyance, a state which is rendered a positive agony by the ill-judged talk of those in waiting, for although the understanding is awake, the power of speech and motion is enthralled.

As to our first trained nurse, Evan's and mine,

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she stepped quietly into our home and lives with as little commotion as the far-reaching, gentle rain which brings a wasting drought to an end, without either seaming the soil or making the vegetation sodden by its excess or vigor.

Different countries have had various bases of money exchange, ranging from cowries to gold, yet gold remains the money standard understood by all. As it chanced, our first trained nurse was gold, and that she should become our standard, during the forty years that lie between then and now, is rational, for she not only furnished a picture of the possibilities of the new profession, but was herself the accomplished fact and proof.

In the between-times, many women of various complexions, temperament and nationalities have passed in review, and while their attributes may have been differently proportioned, those who have proved one-hundred per cent nurses have rung true to the standard set by the first comer.

Ever her nationality bore its impress, for her successful followers were all of the Anglo-Scotch-Celtic races, either direct or with the blend of a generation of Canadian or United States-born mobility, the blood that gives the peculiar reserve nerve-force which causes its possessor to hold her own in the long pulls, that breaks down the outbursts of energy of those mercurial sisters who avow only to like "emergencies and quick goers."

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Who was she, our standard bearer? What hospital trained her and gave its stamp and guarantee to the responsive metal of her human intelligence?

Her name was Finlayson. Evan called her Mrs. Fiddlestrings, a name easy to say and unfailingly suggestive of her own, which was, on the contrary, difficult to remember. Then too we have always had a habit (belonging to the days of make-believe) of giving private and characteristic names to our surroundings and their people, in order to have a world corner of our very own impenetrable to outsiders.

She had received Infirmary training in the old country; was a graduate of a great New York hospital and her coming was in this wise.

Evan had returned at midsummer from a six weeks' absence in the South, where, in his vocation of landscape architect, he had been overseeing a piece of work and living under very unhealthy surroundings. Having been two nights and a day on the cars during unusually humid weather, I did not expect to find him exhibit any special ambition or enthusiasm on the morning of his return, for he looked weary and was sunburned to a degree suggestive of prickly heat in the wrong place. But I felt that something was awry when, instead of taking a bath, donning fresh clothing and asking for his mail, he dragged a steamer chair from the porch out under the old apple tree, asked for a pitcher of cold milk and a glass, spread a handkerchief over his face, after

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the manner of a day laborer taking his nooning in the open, and relapsed into silence.

As I lifted the handkerchief to see if he were really asleep or feigning, I saw that his color spelled fever, as did the heavy yet restless sleep into which he had at once fallen.

What should I do? Father was only a day gone on his annual Canadian fishing trip in company with Martin Cortright and Horace Bradford. He had timed his leaving as close as possible to Evan's return that I might not be alone. At that time he had no assistant, so I must either send to Bridgeton for a physician, or call upon a man from the other side of the Ridge, a sort of eccentric in whom I knew that father placed small confidence.

After several vain attempts to reach a Bridgeton man, I realized that it was vacation month, a time when one could not pick and choose. As I was hurrying up the road to consult Martha Saunders, for I had taken Evan's temperature and found it 104°, horse's hoofs without the accompanying sound of wheels made me look up and I saw that it was Dodson, the over-Ridge doctor, on horseback, so I called him in.

Surveying Evan, who was still under the apple tree, where a gentle breeze and deep shade broke the intense heat of the day, Dodson made a noise that was between a snort and a "humph," but of a most condemnatory quality.

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"What has he been drinking?" he asked, squinting at the now empty pitcher.

"Milk."

"Sure to turn sour on his stomarch a day like this," he snarled, glaring at me the while, giving me a chance to discover that his eyes were not mates, also that his speech was a disagreeable dialect between the north of Ireland and Perth.

"The milk had both lime water and ice in it, so I don't believe that it is sour yet," I replied.

"Ye are no conseedering the condition of his stomach, woman. Ye say he's been away, how do ye ken joost where, or joost what's inside o' him baith in the line o' drink as well as meat? Get him indoors. I suspicion several things, but I must make sure."

We roused the poor fellow with considerable difficulty half pulling him along while I slipped my arm under his, and wended our uncertain way across the lawn, into the house and upstairs. Dodson never offering to assist.

"It appears to me that there's more liquor than milk in those legs," he muttered to himself as he followed, which outrageous remark I could not afford at that moment to hear, as I knew by the burning heat of Evan's body that there must be no delay or argument.

"'Tis scarlet fever!" Dodson declared after he had pulled off the patient's upper garments with no very gentle hand.

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"Get him to bed at once and keep him warm; 'twas an evil deed his sleeping all morning out in the wind. 'Twas done before ye called me, mind, and I'll not be responseeble for the consequences.

"Ye say your throat's not sore, man? Well it should be; the lack is a bad symptom since it's unusual."

Once in bed Evan apparently relapsed to sleep, while Dodson opened his medicine case upon the table and began with great deliberation to put up some white powder in little papers.

"Give him one of these every two hours until to-morrow morning and nothing solid in the stomach, a sup o' water or milk. Yes, as it turned to be, the milk was not so bad—no, not so bad," and the man nodded condescendingly, sticking out his underlip with an expression intended to be judicial—"But ye've great danger before ye, woman—*the kidneys!* Keep clear o' meat even in the egg. With a man grown, the scarlet fever aims at the kidneys and it's them must be watched."

Then raising one long, crooked forefinger he pointed at me like some baleful witch in a fairy-tale, while his voice rose to a shrill falsetto. "Best get a mon to sleep in the hoose the nicht; he'll be deleerious. If he's deleerious he'll get from the bed; if he's let from the bed, he'll dee!"

Hastening back to Evan's room, for this warning

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had been given close outside the partly closed door, I found the man, supposedly asleep, pulling himself out of bed and reaching for his coat.

"What is it?" I cried. "I'll get anything, do anything, you want."

"Want? No, you won't. I want to kick that damn fool downstairs and give him to understand that I'll neither be *deleerious* nor *dee* to please him." Dodson, however, was already at the gate.

Then Evan crept between the sheets and was suddenly seized by one of those turns of half hysteria, half chill, born of illness, that are so terrible when seen for the first time in a man who has always stood for the embodiment of strength, both physical and mental, thus giving me a renewed warning of the evil of unguarded speech in or near a sickroom and also forcing me to think that a man in the house at night would be wise even though there should be no delirium.

Martha Saunders, being summoned from the Cottage, lost her usual common sense when she discovered that it was her beloved "Master Evan" who was ill.

"Mrs. Evan," she sobbed almost inarticulately, having stuffed her apron into her mouth to enforce upon herself the silence she could not otherwise command, "I've nursed him through all of his croups and whooping-cough and measles, but scarlet fever and diphtery that almost always goes with it, is beyond

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my mind to grapple, and no disrespect intended. Tim'thy himself is balky with rheumatics today, so best send Andy and the grays in to the Hospital to find if they can help us out with a nurseman, which sometimes are to be had, though I should hold them over-rough for aught but 'tremens, which is the chief use for them."

Quieting her as best I could, I slipped down to father's office and called the Bridgeton Hospital on the telephone. This instrument was in the first year of general use in Bridgeton; there were but two instruments in Oakland besides ours, all strung upon the one wire, the Lady of the Bluffs having one and Lavinia Cortright the other. When I suddenly realized this the feeling of isolation left me, and I knew that at a single motion of the hand and a number spoken I could hear the voices of two friends, yet such entire opposites that they both foiled and supplemented each other.

My efforts at the hospital were not satisfactory. The Superintendent was sympathetic but vague. At any other time he would send me one of the medical internes to help me out, but at the moment they were very short-handed. Would not a woman do? There was Mrs. Folker who usually took baby cases and often helped in the wards; she was not busy and could turn her hand to most anything and was quite as masterful in a house as any man. Instantly I decided that a *masterful maternity nurse of un-*

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certain age would not suit Evan, to say nothing of myself.

After due meditation the Superintendent gave me the name and address of a person who had much experience in "sitting up with the sick and dead"; he was well known and my father had doubtless employed him; he was a cabinet-maker by trade, did some farming, and occasionally preached at the Methodist chapel across the Moosatuk from his home. If he had not gone for a week's clamming and lobstering down at the point he could doubtless be had. He was fifty years old, of irreproachable character and very obliging, his only requirement being good substantial food which he was willing to cook for himself; he was partial to porterhouse steak and particular how it was broiled. So many people in the hill country and over Moosatuk fried steak, which turned his stomach.

The last fact seemed such a virtue that I scribbled a hasty note to Mr. Wilbur and sent Andy with the grays to bring him home if possible.

When I returned to Evan's room, Martha Saunders had disappeared, but before leaving she had covered my man with a heavy blanket and closed all the windows. Poor Martha, she belonged to the old school of "stuff a cold, starve a fever and shun fresh air as the devil's breath." Father, on the other hand, was ahead of his time in matters of bathing and ventilation, though he always, in common with men of

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greater reputation, stoutly held that fresh air was not necessarily *cold* nor that, outside of certain tubercular ills, was there any great virtue in an icy temperature.

Opening all the windows possible without creating a direct draft, I pulled a screen about the bed head, and, as my poor boy still drowsed, I set about gathering up all the unnecessary things in the room that might be removed easily, and after giving Effie some necessary directions, changed my going-out dress for a washable wrapper and sat down by Evan, a book of father's about infectious diseases upon my knee.

It was about five o'clock when Mr. Wilbur arrived, a man of nearly six feet in height, big bones and inelastic muscles, who wore a full beard reaching nearly to his waist, and of unusual breadth and thickness, disagreeable at any time, but exceedingly inappropriate in a case of scarlet fever.

He began cataloguing the people and diseases for which he had cared during twenty-five years or more. Most of these illnesses had been fatal it seemed, of which fact he suddenly became aware and sought to banish the gloomy impression by saying, "You see most folks don't call me until the last when the family are clean done up and tuckered out and the patient ready to go, but having me at the beginning is quite another matter."

I asked him to go upstairs that I might show him the location of the rooms and so forth before night

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fell, saying that his supper would be sent up to the room next to Evan's. To this he began to offer objection and cited cases where the folks were not afraid of catching things and let him go to the table which, being sociable, he preferred, but added, "I forgot that this is a Doctor's family and new-fangled notions must be shown for examples." Leaving him in Evan's room for a few minutes, I returned to find Evan awake and with an amused smile at his lip corners, while the nurse rocked noisily in the bay window, creaking both chair and boots, his fingers matched together and resting upon his stomach.

"This is Mr. Wilbur; he is going to stay with you tonight in case you need anything, and see that you take your powders," I said softly in as casual a tone as I could command.

"You are mistaken about his name," Evan answered in very clear tones, "that is, it may have been Wilbur once; now it is *The Zephyr*. I christened him while he was wafting across the floor." Glancing over the bed to see if Mr. Wilbur had heard, I caught him looking full head on with an expectant, nay almost eager, expression on the part of his face that was visible, while he tapped his forehead with two fingers and shook his head as much as to say that the delirium had already set in and that I need not think that his feelings were hurt.

Dropping my head upon the pillow beside Evan's, we laughed long and loud until *The Zephyr* tramped

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as fast and heavily as he could to the bathroom where, meeting the hot water faucet, he wet a towel and began flapping me with it in the face, remarking: "Hysterics, Madam, are you often took?"

I stayed with Evan all the evening, as Mr. Wilbur said that when he was to be up at night he usually took a short nap and then a walk to "freshen" him. At ten he came to take my place, his only preparation for the night being the removal of collar, coat and shoes. Alack! under the thud of his stocking feet not only the room but the house shook.

Leaving everything in readiness, night lamp upon its stand with covered water pitcher, glasses, spoons and the four powders for midnight, two, four and six o'clock in a row, as Evan was sleeping more quietly than in the early evening, I went to my little dressing room to lie down only for a few minutes, I thought,—but I little knew.

When I next awoke sunlight was streaming in my face and my watch said five o'clock. Rubbing my eyes as I went into Evan's room, I heard him ask for a drink of water, but there was no response.

In the armchair in the bay window reposed *The Zephyr*, hands folded as before, sleeping profoundly with open mouth as was shown by the gap in his beard. Upon the tray lay the four powders unopened. Before wakening him I hurried downstairs for fresh water, to be met upon my return not by apologies but by the assuring remark, "That water will just come

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in handy for the medicine. I hated to disturb him through the night, so I'll even up now!"

Fortunately I was in time to forestall the "evening-up" and to see that he had put in the glass not a single powder, but all four. If my look did not kill, it certainly checked him and he ventured the explanation "Dodson's medicine is never strong; he's a hom'-path thou' he won't allow it. Most like there's nothing in these but sody and sugar!"

Quietly resolving that neither doctor nor nurseman should hold sway another hour, I went to the office and rang up Lavinia Cortright, knowing that the phone was in her bedroom. Lavinia, though a staunch friend in all other ways, was very timorous where contagion was concerned, but the favor I asked was that she should take the first train to the City, look up Dr. Pollock, a man frequently had by father in consultation, whom I knew to be in the city, and ask him if he could get me one of the new Trained Nurses, of which father hoped great things.

Lavinia not only could go but would, and promised to report by noon; thus reinforced, I told Mr. Wilbur after breakfast that as I wished someone to *share* my responsibility and not *add to it*, Andy would take him back to the congenial company of his lobster pots at once, while I weakly temporized with Dr. Dodson a little later by telling him that I had sent to New York for counsel. The day wore on and though Evan's fever was less than at first, I

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knew that he was a very sick man, and I think that he knew it also by the way that his eyes followed me about and the slow exact way in which he spoke, though he was never delirious from first to last, but merely dozed uneasily and begged for cold milk which I always gave him.

At noon Dr. Pollock appeared. Lavinia had caught him as he was starting for a consultation in the eastern part of the state, so that stopping over at Oaklands was a matter of no moment to him.

With all the charm and the confidence-inspiring qualities that make the really great physician his own best medicine, he examined Evan and drew from him the history of his stay from home, especially that of the last weeks, finding that two of the children in the house where he lodged had been ill with sore throat and malaria, their mother said. Then Dr. Pollock said quietly, "I think that the fever's height was yesterday when you lay out under the tree and drank milk. Science could have done no better for you than your own instinct coupled with nature has done. From now on it will be care and caution that will make the cure, the watching for a few little danger signals, that trouble may be met on the steps before it comes in at the door. But (as he saw the question 'when can I go back to my work?' framing itself on Evan's lips), you must lie by for other people's sake as well as your own for all of a month, and there is a jewel of a little woman coming to watch for the sig-

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nals, to take all worry from your wife and keep her company. When the *Trained Nurse* is what she should be, as you will find Mrs. F. in a straight-away case like this, the physician's work is half done, for he knows that when he is away she will see many things that he misses in a short visit."

When he had gone, a comfortable feeling replaced the stone that had been stopping my breath for the past twenty-four hours, but Evan's attempt at a smile was really pathetic as he said, "Four weeks at best with a strange woman to face. What shall we do with her, Barbara? Do you think she will be like Aunt Lot?"

"Do with *her*? The question is what will she do with us. Of course she won't be like Aunt Lot; if she had been, the people in the hospital would not have lived long enough to have given her a training. But, joking aside, Evan, it will be so good for me to have some real woman who knows, someone to whom I can say, 'would you do this or that?'—and nobody will 'drop in' during these four weeks I can assure you."

However, as the day wore on I must say that the prospective *Captain of the Watch* was a good deal upon my mind, or perhaps nerves, and when Andy returned from the five-thirty, Evan's usual train, my heart bumped and I stood behind the door and peeped through the side window. But after the first glance at his passenger, I went out to the piazza edge quickly to meet a slim, spare little figure clad in dark blue,

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even to the small, close bonnet of the shape, which of late years, without its strings we call a toque. Her aquiline features were robbed of their severity by the lip lines and the kindest, far-seeing pair of gray eyes that ever looked into mine. Our hands clasped almost unconsciously while we had exchanged this greeting which held for each a sort of appeal, that worded, would have run in this wise: "I am a stranger, a member of a new profession the need of which people do not yet fully understand. The old-time nurse regards us as interlopers, as often do the families of the patients we attend. Give me a chance to help you, suspend your judgment until we know each other." While by anyone who could read my thoughts with half an eye, they could be thus interpreted: "Evan is really ill for the first time in our life together, perhaps very ill. I, who would do everything for him with my own hands, must stand aside for his good and place another woman as a shield between him and the possible evil that I might not recognize as such in time. Do you in any way understand what this means to me, that he is ill and I must even in part give up his care? If you do, have pity and make the way as easy as you can, for I have no woman kin to aid me."

Once inside the door I started to lead the way upstairs when, touching my arm lightly, she said in a perfectly clear voice that was less loud than a whisper, "One moment, please, before we go where Mr.

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Campbell can hear us. Mrs. Cortright has told me of Dr. Russell's absence and how troubled you have been; and Dr. Pollock, in sending me here, said that he would write detailed orders for the patient, also that I would be the first *Trained Nurse* that you had ever had and that I might seem arbitrary. I must carry out his orders, but I wish to do so in the way that will as little as possible fret you or upset the household."

Then followed a series of practical questions. Did I wish her to ring and ask a maid for what she needed for the patient or should she go to the pantry or kitchen herself? (Heaven save the mark; there wasn't an electric bell in the house!) Of course, in leaving her room she would cover her uniform with a surgical gown to prevent carrying contagion. Some people preferred to have the nurse keep entirely away from the help, while others considered it an imposition to put the extra work upon the maids. It was for me to say. She had always found it best to ask about this matter in the beginning as it prevented misunderstanding. Only five minutes were spent and yet in those five minutes we had met as human beings and felt that each realized both the rights and the limitations of the position of the other. Afterward, in the many little betweentime chats that we had, she told me that one of the greatest difficulties in her profession arose from a nurse being oftentimes sent from a registry to a "case," the nature and surround-

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ings of which she knew nothing, to work with a strange physician who considered explanations as beneath his dignity and who exacted from a hospital ward neutral, irresponsible obedience of his orders. As a matter of course the nurse could seldom make herself liked unless she took the risk of breaking the ice.

I showed her to her room, the dressing room between our bed and sitting rooms, and left her to put on her uniform. My eye was caught by an unmistakable wedding ring upon the proper finger. "Her mother's, doubtless," I thought as I hurried in to give Evan a sort of parting-with-privacy hug before introducing the stranger, all the while wondering at the cheerfulness with which I was doing it, and even then beginning to feel the foreshadowed comfort.

"What is she like, old or young?" whispered Evan; or rather he tried to whisper, but being unused to the process the words were a series of husky explosions.

"Not pretty, but charming, about thirty," I answered in unpronounced lip language.

"Mrs. or Miss?"

"I thought Polly (our private equivalent for Pollock) said Mrs. If she is a Mrs., I hope *he's* alive and she likes him. I don't feel like hearing hard luck tales or having you shut up with a woman who suspects all men because one has failed her. I hope she is straight, plain married, and perhaps working a bit because not yet well fixed."

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I had thought that it was Miss and then the glimpse of the wedding ring made me hesitate. As the door into the dressing room was not fully closed the situation was a trifle delicate, especially as Evan, though not yet delirious, had sufficient fever to make him in that state of drowsy excitability that will not brook any form of either suppression or argument.

At this moment the door opened and the woman herself appeared, a humorous turn at the corners of the mouth. Of course she had not only heard but was conscious that I knew it and did not believe in ignoring the fact. Not waiting for me to introduce her, she moved, rather than walked (Ellen Terry does it in that way) to Evan's side.

"I am a Mrs., Mr. Campbell, by the name of Finlayson, and my husband is Jerry and follows the sea, for we were both born by it. When we have gotten our bit together, we are thinking to make a home so far inland that we shan't hear the call that parts so many of us who come from the Isle of Man."

Few as the words were, without intrusion or self-consciousness she had told all that we needed to know to put us all three in accord, leaving no element of mystery to stick its unforgettability between us. In two minutes Evan had dubbed her *Captain Fiddlestrings*, and she was quietly making arrangements for his comfort and the carrying out of the doctor's orders, all of which he accepted without a murmur.

In less than an hour the régime was under way

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which was to last, with minor variations, for a month. Asking for a small plain table with a bit of white oilcloth for a cover, she placed it in her own room, gathered upon it the spirit lamp and test tubes that I brought her from father's laboratory for the kidney tests that mean so much, keeping all covered that there should be nothing visible to suggest serious illness.

So tactful was her sway, that sometimes during the first week, I wondered if she was really doing anything. There was neither bustle, hurry, nor confusion, yet everything was accomplished. Since then I have learned that this power is one of the great secrets of the hundred per cent nurse and, together with exact memory, counts for at least fifty per cent of her value.

There were some nights heavy with anxiety to be lived through, for Evan was seriously and thoroughly ill, and when after one of these, Dr. Harley, who had returned from his vacation and was in regular charge, told me that father would be back in the evening, it seemed as if the long day could not be endured. Instead of going for her outing in the garden that morning, "Mrs. Fiddlestrings" sent me out, saying, "The house looks dull; there have been no flowers below-stairs since the day I came. Couldn't you fill a few jars and brighten the rooms and yourself together? And the rose bushes by the porch are wind-blown and hanging their heads like sillies; a few bits of string and the tacks' help will straighten them."

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Though I went mechanically to work at first with my eyes on the clock, two hours passed before I again went upstairs with apologies on my lips and a couple of exquisite roses in my hand. The words were not spoken, for as I leaned over Evan he grasped the flowers saying, in the tired voice that fever leaves, "Now that you are picking flowers again, Barbara, I know that I am really better. Lately you've watched me so all day long that it made me nervous."

It was the outsider who had the understanding of my beloved that I lacked through the very blindness of anxiety.

So father returned and the days slipped by during which none of the danger signs got even a footing on the doorstep—the alcohol sponges, the body rubbings with vaseline to ease off the shedding skin (they are of cocoa butter and so forth now, as vaseline was found to be too much of a hair tonic), the disinfecting of everything that went to the laundry, and all the other monotonous details now banished by a different interpretation of this fever. One thing was not monotonous. When the *Captain* read aloud the paper or a short story; she had a smooth, low voice and used it with a certain hesitation at unusual words that served as natural emphasis. Somehow I always drew near to listen and Evan was not tempted to use his eyes overtired these many moons by fine pen drawing. Those who would be one-hundred per cent nurses and cannot read aloud, please take notice!

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Then one day arrived that was not as the others. "Tomorrow Evan can come out of quarantine!" Oh, what a bathing and shampooing, and finally a shutting up of everything in two rooms, with wet sheets hung over the door cracks, while a perfectly diabolic conflagration of sulphur candles took place inside. Next day the rooms were opened, aired and ordered restored. "Now," I said, going to the *Captain* in her room, "you are through with your work and you must make us a visit for pleasure. We will spend a day up in the hill country and another at the shore. What, your bag packed and your bonnet in your hand! Surely you are not going today!"

"Yes, I am going, dear lady. When you go back to your rooms and to sleep, you must be alone and not find an outsider here in the morning to remind you that illness has stood between. Ah, I'll likely be back again some day"—and so it fell out.

When she saw the expression on my face, half of astonishment that she could leave so easily and half a feeling, in spite of gratitude, that she was right, she smiled and added, "Don't fret for me, in three days Jerry's ship is due in port!" No wonder that our first Trained Nurse had the gift of understanding.

X. THE FAMILY LAUNDRY AND THE FAMILY BATHROOM

There are many vital problems which a nurse will meet in home service, of which she has probably never thought during training or when acting as a "special" in the hospital. Two of the universally evident problems are the increased work that illness throws upon the family laundry and the danger of either usurping or rendering unpleasant the family bathroom in houses or apartments where there is but one. When this is the case there can be no special accommodation for the sickroom.

The steam laundry of all good hospitals supplies within reason a quantity of bedding, towels, etc., even though the quality of the same is much rougher than the same articles in many homes. The clever "special" is on the watch when the day's supply comes up, and before it is distributed secures all that she can for her patient, keeping the bed immaculate both day and night. This is one of the many duties that give great comfort to the patient, for nothing is so soothing to the bed-dweller as fresh, smooth sheets and pillow slips.

The aftermath of this constant changing does not

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concern either patient or nurse, other than that the latter is careful not to make indelible stains, such as come from medicines, especially the iodides, and not to pull the sheets too taut in making the bed of a helpless patient, or to pin them in a way that causes them to split or fray at the corners. The patient has even less concern. Bedding comes and bedding goes, the cost being not a separate item *but a part of the sum total*.

Now I write from my own experience. After a serious operation, I had a craving to leave the hospital, in spite of all the alleviation that kindness and wonderful surgical skill could offer there, and in spite of the inconvenient handicap of drain tubes, for I had experienced a desperate caged feeling from the moment that absolute misery ceased to hold my attention.

Then suddenly I began to consider the other side of the home leap; the content of getting there and being surrounded by the love of its people had at first wholly filled the frame. A painfully distinct mirage floated toward me. In it I saw the competent but rheumatic laundry worker (one of the tribe who think all nurses upstarts) gazing wrathfully at a clothes basket filled to overflowing with bedding and towels, she having just brought it from above stairs, where she had also been finding it quite impossible to straighten out the bathroom owing to the confusion of the extra things that my condition made nec-

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essary. Little things that needed rinsing occupied the basin or were hanging to dry on the rack sacred to "the boss's" bath towels, as is often the case, being the special favorite with the domestic staff. At the same moment, the rising tide was being augmented by the cook who was peevish because the nurse was "fussing around to bake her rags," when the bread was ready for the oven. This vision was most disturbing!

I must have given a sigh that sounded like a groan. I was so busy with trouble-borrowing that I had not noticed that surgeon and nurse were talking earnestly together until I heard Miss A.'s voice say, "I am quite sure that I can manage it all somehow, that is, if you will trust me, Dr. B. Then we may go day after tomorrow if the weather is good?"

Blessed words! They gave me new strength, and day after tomorrow the weather *was* pleasant! Then and there my Man christened Miss A. "The Blizzard," because not once but many times she removed obstacles which ordinarily would have been unmovable.

Once in my own beloved bed, with a hearth fire of logs to purr comfortingly to me, and within the sound of the cheerful voice of my Man who was downstairs at supper with the physician who had made the trip with us, I began again to think about home affairs. Nurse had gone down for my meal and I had heard the ambulance going away silently, its sharp clang as

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it turned a dangerous corner in the road saying good-bye, the last thing to remind me of the hospital.

Then I began to wonder how the "managing" that nurse had promised the surgeon would be manifest, when it came to the increased laundry work, etc. As my fingers smoothed the sheet hem, I realized that it was my best company bedding that was in use. However, I said nothing, for at the sight of my supper tray my sense of housekeeping responsibility again slipped away from me, possibly to look out of the alcove window and see if a snow flurry meant a storm or only that the trees would make a Christmas picture for me to enjoy on the morrow. There was tea freshly drawn and poured from the leaves into a porcelain pot with a "cosey," so that it would not grow stronger by waiting. Then there was cream-toast such as cannot be found outside of home, a freshly roasted pound-sweetening apple from the rambling old tree—yes, and a pansy and sprig of rose geranium hidden in the napkin to be a fragrant surprise on its unfolding.

While I ate slowly and luxuriously, the now inactive "Blizzard" sat quietly by to lend a helping hand, but even when this was not needed she never shifted about or regulated this or that thing. So long as I took my meals in bed, she fully realized the good effect of quiet at such times. When she had taken away my tray, I heard steps in the passage-way that separated my room from the family bathroom and a

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murmur of voices. Presently Miss A. returned with a smile upon her usually serious face.

"I've arranged for sterilizing the dressings," she said gaily. "I remembered that when I was last here there was a small blue-flame oil stove in the attic. I called up the hardware store and they had a second-hand oven that will fit. They have sent it up and it is 'all set' in the passage-way here. Also I've found the things to make my sterilizer, a white saucepan with a tight lid and a good-sized pyrex baking dish!

"Now we will arrange the bed for the night and fold away its day clothes. As you have a great plenty of pillows, I will put these away, just as they are in their embroidered slips, all smooth and cool in the spare room, along with the vases of flowers. Then I'll get out some of those old sheets from your 'emergency chest' upstairs and 'juggle off,' as you call it, those pretty ones to keep for the daytime. By folding them carefully we can make two sets last the week through. If the linen top sheet musses up where it turns over the blanket, it will be easy to press it, for I know that there must be somewhere about the little iron that you keep for fine handkerchiefs and laces. That bundle of old towels, where are they? Oh yes! I remember, with the mending pieces in the sewing room closet. We will not use the good towels until we are done with the dressings, disinfectants, and all that sort of stuff."

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Then the peace angel of home came and watched by my bed all night.

Next morning, the first sound that I heard was the snapping of the wood fire, whose piney fragrance was mingled with the smell of fresh coffee, that meandered up by way of the backstairs. Next, the two windows at the bed foot were closed softly, and when my eyes fully opened I saw Miss A. standing by the white, paper-covered table, upon which was a rough, flat splint basket about a foot and a half long, having a substantial handle across the top, such a basket as country stores use for delivering light groceries and costing little. This she had lined with the same white paper.

It was half-past eight by the mantel clock. The room was bright and in order, flowers all in place, and nurse had breakfasted while she had let me have my first home sleep out to the limit, knowing that the physician from the next town, who was now in charge, had said that he would never come before ten o'clock. There was thus no need to be hurried.

"See," she said, holding up the basket, as soon as she saw that my eyes were really opened: "This is my portable bathroom. It will hold all the things necessary for your bath except the water, all the soap, toothbrushes, lotions, etc., that make a bathroom look and smell like a hospital. I can keep it in the passageway with the stove. The chore man has brought up from the cellar an old soap box for a

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stand and I've covered it also with some of this paper. Being close under the window, everything will be well aired and out of sight, for this enameled wash basin fits over the basket like a cover."

The next minute, after temperature taking, she had returned with a can of hot water. Spreading a square of rubber cloth over the low stool and taking the necessary articles from her basket, she gave me what we call the "once over" wash up, face, hands and teeth, prior to bringing my breakfast.

Ah, the infinite comfort of it all, and when a white, three-barred towel rack was discovered in the attic and added to the equipment in the pass-closet, Nurse declared our hospital quite up to date, for, by taking the oven from the stove, a teakettle could be accommodated and tea served at any time when the kitchen fire might be banked down or otherwise out of commission.

When we praised Miss A. she passed the matter off lightly saying: "This is a very easy place to arrange. I often have to manage in one room with only a corner divided off with a clothes horse and a bed sheet for a closet."

"Wouldn't the things smell queerly, right in the room with the patient?" I asked.

"Yes, somewhat, but with a surgical case the patient is so accustomed to the odor of antiseptics that she seldom notices the addition, and it's surely unfair to make the rest of the household constantly

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aware of carbolic acid, formaldehyde, or worse, and most persistent of all, iodoform, which fortunately is but little used now. Of course, it often takes quite a bit of planning, but it is really very interesting to see what can be done by what is called 'Yankee invention,' although it is by no means a local attribute, for mine came to me from the Canadian woods. The only disagreeable feature comes when the family of the patient not only fails to coöperate but is actually a stumbling block; where every purchase is argued over, no matter how trifling, as even a package of tacks, a few sheets of paper, or a little saucepan from the ten-cent store. So many people seem to think that the nurse, in addition to having second sight, should have a magic pocket in her apron, an article, by the way, which has generally been discarded along with other superfluous clothing. Then too, there is the type of person-in-charge who says, 'I don't see how you can ever do it; you will surely set the house afire; no, I don't like to have my ways changed,' who discourages every attempt on the nurse's part to lighten the household burden of illness almost in the same breath with which she deplores her very presence.

"I confess, though, that the nursing profession also has its grumblers. There are nurses of the type of Rachel who 'mourned for her children and would *not* be comforted.' So, they have their faults as well as the patients whom they serve. I have also known nurses who, in spite of all hints, would fill the family

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bathtub with very unpleasant articles. Then they would grab up everything washable in sight, and either cram it into the clothes hamper or down the chute to the laundry, regardless of the aftermath belowstairs of revolt, or of the discomfort of the household and patient, and, sooner or later, of the discomfort to herself."

XI. WHEN THE DOCTOR CALLS

(Faith in the Physician; Never break it)

It is very seldom that the physician sees his patients as they really are; that is, as they behave under the everyday conditions of the sickroom. If the physician has any sort of magnetism, personality, or the valuable quality of calm and restful force that gives reassurance to brain and body of those who look to him for succor, he will be met on his visits by a responsive cheerfulness and a desire to appear before him in the best light possible. This condition, artificial and only temporary, is very deceptive and often veils important symptoms, other than those which are charted.

On the other hand, if the case is surgical where, perhaps, disagreeable or painful dressings are required, the physician may encounter either a nerve irritability, or a depression that is not usually present, and so is quite adrift as to that psychic state of his patient, a side which is deemed of increasing importance. Here it is that the *Captains of the Watch* must be relied upon to fill the gaps—links, as it were—to render the chain complete. Any nurse who has

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even dawdled through her training, who can read a clinical thermometer and write plainly, may keep a technically correct chart, but it requires a woman of *understanding* to read between the lines, and to impart this knowledge to her chief without in any way infringing upon his authority or making the patient feel that the nurse lacks faith in him.

Of all the injuries that may be inflicted upon a sick person, to break the patient's faith in the physician is the worse. If the case proves baffling, there are many little hints a nurse can give that may prove to be the key to the situation. Some good-intentioned members of the family may produce a bad effect by bringing to the sickroom worries that start a train of fever-raising thought. Children, used to hanging about mother who craves this dependence she is now unable to bear, may hang too long and her very effort to appear gay and normal be the undertow of relapse.

One such case came to me a few years ago through both physician and nurse, the former stating that the matter would have eluded him completely but for the nurse's understanding. It was during the important and treacherous convalescent period following typhoid fever that the condition occurred. The fever lines on the chart had quite calmed down to the normal level and, though guests were still quite strictly excluded, the man of the house was each day allowed more latitude, as his influence had a soothing and, at the same time, tonic effect upon his wife.

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Not only were they devoted to their three young children, but they were friends and pals to an unusual degree. His calls, made just after luncheon, always left his wife cheerfully quiet and ready for the afternoon rest, but there came a time when the temperature line toward night, suddenly took an erratic course "up like a skyrocket and down like a stick." What did this portend? There were no worries visible on the horizon. The children were well and cared for in another home. The husband, all alarm, vowed he had only spoken of the most pleasant topics, and as many hours lay between his visits and the trouble, no cause of the alarming condition was dreamed of in this connection. It was the *Captain of the Night Watch* who tactfully supplied the link.

As long as the more or less active duties of the day claimed attention, the patient was cheerful, amenable, and able to hold in check any disturbing thoughts, but, after the first sleep came, it was as if something in her brain let go and she began to toss about restlessly, muttering incoherently, in a tone so low that it was impossible to translate the meaning of the words.

That there was something behind this more than ordinary restlessness seemed plain to the nurse, so sitting close to the bed she began by gently taking the patient's hand in hers. At first the woman opened her eyes, then seeing who it was, closed them

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with a sigh of content. Presently she did not awaken when touched; neither did she continue her mutterings, but after a couple of nights, they began again. Then by catching a coherent sentence here and there, interposing a few words that would seem to fit in by way of reply, a half way conversation was established with the nurse,—halting, incomplete in detail, but quite sufficient to give the clue to the cerebration that by its insistent recurrence under relaxed will power came to be a menace.

Boiling it all down, the cause was this. Husband and wife had frequently talked of the happy time when they might be free to take a trip abroad together. Vital business changes had brought the hope to the very door, so the husband, warned to speak only of pleasant things, and considering this the most joyful of all, had begun in his short interviews to explain all the steps of his great surprise, in a careful, if rather labored, sequence, covering all the business details and their hopes, and ending with: "Now, cheer up, the doctor says that another month will see you on your feet and then we will be off." What better from his viewpoint could he say, that poor dear, loving, short-sighted husband?

Not by a word in the daytime did the wife question his "great surprise," so all the details of the double news, as seen from the woman's standpoint, began to whirl about in a head too weak to assort and understand them properly, and the terrible dread lest she

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should not feel able to go as soon as he hoped was pushing her toward complete collapse.

When the nurse told the physician and he tactfully repeated to the husband only a few of the jumbled sentences, asking if he could tell to what they might possibly refer, the whole difficulty was solved, the trip was pushed ahead, away from a definite date to "next year," and the zig-zag lines soon ran straight upon the chart. It is in this way that the nurse of understanding becomes "right bower" of the physician and brings about a diagnosis that lies beyond the realm of pure science or the scope of therapeutics. I have detailed this happening purposely, but it is only one of many in which the physician *must* have the hundred per cent nurse and rely upon the *betweentime* judgment rather than upon his own short, hard-and-fast technical directions for the best results.

Of course there are many cases where a member of the family has a certain faculty called "second sight," which is of equal value to both physician and attendant, and I do not in the least belittle this useful faculty, for very many times I have been placed where a little inside comprehension has been invaluable.

There is also another point for the nurse to remember when the physician calls, and that is to give the patient a few minutes' privacy with him. Let it be a natural happening to need something that is away

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from the room. It is the right of patients to be able to express themselves to the physician unheard by others. It is doubly their right when they cannot get this freedom without the aid of the attendant, who should arrange for it as a matter of course.

"What can the patient say that she cannot wish me to hear?" the suspicious nurse will say to herself. "Is she complaining of me?"

Well, what if she is? It is her right so to do, to ask for another nurse even though her objections may have no basis that is detrimental to the one in charge. Personality is next to skill and in some nerve cases even more important. There are also crossed wires brought about by conflicting temperaments which cause dangerous conflagrations, through no fault in the nurse.

The nurse has ample opportunity for speaking to the physician outside of the patient's hearing. She may even, on sufficient provocation, ask to be relieved from duty. I have known an excellent nurse to make this request: "Try my best, we wear upon each other; it is injustice to both of us." This the physician understood and acted upon so tactfully that there was no ill feeling. Turn about is fair play, is it not? The nurse comes and goes, having her time off every day, or twelve hours out of every twenty-four on two-nurse service. The patient sometimes has only the secondary outlet of the physician and those friends who may be more or less injudi-

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cious. Therefore it is important to give the patient a chance for free speech with the physician.

We hear and know a great deal about the sustaining and curative qualities of *Faith*. Perfect faith in the physician is something that the nurse should sustain unquestioned or strive to implant if it is lacking, while to break this faith in any way is an *absolute crime*.

If there are points, physical or temperamental, that are elusive about a patient, as may be the case when a practitioner is called in for the first time to a family and must grope a bit to get his bearings, he will be glad of any *betweentimes* observations of the nurse. On the other hand, if a nurse sees by experience that a certain physician is in the habit of making either careless or cock-sure, snap-shot diagnosis and holding to them upon theory, in spite of the result, she may with perfect propriety avoid taking cases for him, but never a word to break the *patient's* confidence should cross her lips. No, nor a tightening of the lips and a shrug of the shoulders as the doctor leaves. Sometimes gestures though irresponsible, may speak more subtly than many words.

XII. TACT

(Shoes, Heels, Pussyfooting, and Other Avoidable Annoyances in the Sickroom)

As the scope of one's activities becomes limited by illness, and the walls of one room, or perhaps two, mark the horizon, sights and sounds that might ordinarily pass unnoticed become painfully intense. Of course there are some sounds that are unavoidable, but it is usually those that are quite unnecessary which are the most nerve wearing. First among these comes improper use of the feet in walking, whether it comes from shoes, heels, or pussyfooting.

There is the active but heavy-footed woman who wears what are called "common sense" shoes, the same having rubber heels, a perfectly proper foot gear, yet she manages therewith to pound so hard that the furniture creaks a protest when she passes. This same type of woman is often so broad in the hips ("hippy" is the term) that she miscalculates distances and bumps the bed every time she comes near it, giving a short, sharp jar that goes all through the one lying prone.

Then there is the quick, light-moving nurse of

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buoyant tread and high nerve tension, who flies about without seeming effort, like a white butterfly, but tap-tap-tap! go her high, small French heels on the polished floor like so many trip hammers. The patient soon learns how many taps there are between the various rugs, how many from bed to table and back by way of the bathroom. Soon it becomes impossible to be endured, the dropping of the water wearing away the stone of patience.

If the patient complains of this, she is classed as "fussy" or unreasonable, for shoes are one of the many personal things about which most women are stubborn, and I have known three, otherwise hundred per cent nurses, who have been crippled because they would wear the high-heeled shoes for the style they gave. The fact that their bodies were put out of line, the cord (tendon Achilles) shortened, and the weight thrown forward on the pelvis, was as nothing. Trip-hammer heeled nurses, take warning!

The Pussyfoot means well and her entirely noiseless tread is admirable during extreme illness and the tension thereof, but it is not pleasant for the convalescent to have sudden incomings and outgoings, to see a closet door open without a hand and a figure standing by the bed where a moment before there was no one. The action is hard to describe in words, but the effect is of perpetual eavesdropping, of having a detective about. It makes the patient apprehensive in the same degree as does the sibilant

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whispered conversation so often practised in sick-rooms, which attracts the attention and arouses the curiosity that it fails to satisfy. A voice, clear but carefully modulated, together with an even medium tread, will do away with both faults and add greatly to the comfort of the patient.

There are many other little annoyances that may seem only trifles from an outside viewpoint but which have much more to do with the medical equilibrium of a case than the physician realizes, via the fluctuations of temperature and heart action, due to nerve strain. Between times in a case that has intervals of any length, that is, between the giving of medicine or other treatment, the nurse should have some sort of definite occupation. There is a certain amount of tidying up to be done, but this is morning work. A bit of knitting, a magazine to take up while her patient dozes or is disinclined to be entertained, either by conversation or reading, should be encouraged by the one in charge, if the sick person does not grasp the need of it. Otherwise the strain upon the nurse of sitting still like the proverbial "bump on a log" may work itself off in one of a series of little annoyances, of which I have known excellent nurses to be guilty. One had the habit of crossing her legs, swinging her foot rhythmically, and ending in the figure eight, a performance allowed wide latitude by the prevailing short skirts. After the patient had grown tired of trying mentally to time the circles, so many

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one way, then reverse, it grew nerve wearing. A hint to that effect was readily taken and at the next sitting time nurse retired to the back of the room, where, though quite out of sight, the shadow of the swinging foot danced fantastically up and down the wall!

Another nurse always took this time for manicuring, and the grating of the nail file and the padded swish, swish of the polisher was quite off key. Worst of all is the attendant who, even when engrossed in the work, hums to herself more or less audibly.

"Surely no one trained to *anything* would think of humming when in the company of another," you say?

Yes, they *would* and they *do* in many walks of life and that persistently. You may therefore be grateful if, in this day of liberty for the individual, they do not whistle! Of course in the old days no one did it; the instinctive sort of breeding, that told us silently of many things we should not do, prevented this together with many other discourtesies.

This humming may be a nervous manifestation and wholly unconscious, but the result is maddening. On the other hand, the patient, or whoever is in more direct charge, should never object to legitimate outlets for the nurse. It is awful to be obliged to sit still, hands in the lap. But I know of a woman who said, "Let the nurse have papers and magazines? Not much! I pay for her time and it's mine and if I want her to sit still in that chair where I can keep

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my eye on her, there she will sit or I'll know why,—but she oughtn't to have time to sit if she earns her pay." Whereupon the same type of woman presently complained that the nurse was always fussing about, picking up dust and straightening things.

Of course it requires a deal of tact to read between the lines and get one's bearings and yet it is well worth while and adds many good marks to the sum total of acceptable home nursing.

There is another side issue, that of conversation,—one of the non-medical difficulties that a nurse has to meet. How to steer a straight path between *reticence* and *garrulity*? Merely to answer direct questions by studied variations of yes or no, always suggests either chilling unsociability or that something is being held back. The patient, by nature, may be silent to the verge of incipient melancholy and require drawing out, so that in all cases equal tact is necessary in the handling. Naturally the particular malady of the patient, and everything bearing thereon, is in the foreground of every sickroom, in the attitude of the family as well as the patient. "Have you ever seen a case like this before, and how did it turn out?" with the addition of many personal "who, when and where's" is the battery to be faced. Personalities are usually pleasing to a patient and yet, according to theory, must be the most carefully avoided. If we are normal, and especially when we are ill, we are all most interested in *people*, what they suffer, how

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their households manage without them, whether the husbands "stand up well" under the strain or whether they beat a retreat to the Golf Club to leave more room for the "helpful" relative-in-law.

If a nurse has tact she can safely tell many of the cheerful incidents and outcomes of other cases, always avoiding the morbid side. She may relate many amusing incidents that have come into her work, without in any way giving names or even making it possible to put two and two together, to locate the individual, or to fit cap and head together. The thing to be kept in mind should be the motto that the one-time popular group of the three monkeys illustrates: one shielding his eyes, another stopping his ears, and the third having a finger to his lips: "See no evil, hear no evil, speak no evil!" It is the possible latent harm lurking behind speech that is to be avoided, for, whether she realizes it or not, the word of a Trained Nurse, even if she should belong to the fortunately rare Slob, Devil or Yellow-Cat variety, carries (worse luck) a ponderous weight to the unthinking many.

"Ah, the Trained Nurse told me, so it *must* be so; you cannot deceive a nurse, you know, for she is right behind the scenes. She sees through everything!" This was the comeback to my denial of a perfectly preposterous bit of news that reached me not long since. After much chasing and tracing to its source, I found that a small seed had developed by the way

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of imagination and the love of carrying "big news," into a mischievous and poisonous far-reaching vine. It had really grown from words spoken carelessly by a nurse, who, though an A-1 "surgical," had lacked the sense or tact not to make a mystery out of nothing!

Tact and diplomacy are one, at least in the sick-room, and it is the mission of the compound to prove that a diplomat qualifies in proportion as he knows how much to say and how much to withhold, an entirely different quality from deceit.

"Ah me!" sighs the nurse, "this is a more difficult job than I dreamed of when I went into training; it seems as if the getting of my diploma were not the end but the beginning." So it is, dear little (or big) nurse going forth. The same feeling also comes over the college graduate on being turned loose; the diploma is merely the end of the beginning. If you are to enter fully into the profession of nursing, you must dry your newly-fledged wings and try them out as does the young physician, or else, like the M. D. who takes a hotel job on a salary, go into the jog-trot routine work that will largely protect you from your own mistakes.

XIII. FITTING A NURSE TO THE JENKS-SMITHS

"But why must I have a *trained* nurse, Dr. Russell?" asked Mrs. Jenks-Smith one day in late September when, after her return from a travel vacation of six weeks, ending with an unusually hard motor trip, she had phoned father early one morning that she was "all to pieces."

It was the matter-of fact, cheerful Jenks-Smith himself who started things by phoning father as follows:

"If you are coming near The Bluffs today, for heaven's sake give Lou a good looking-over. She has been growing stale this half year; though still enjoying life, but now, as her spirits go down her food comes up. When we were stopping in Lenox at her sister-in-law's she had a really bad turn and when Emma, who is ten years younger, said to Lou that she was 'going' it rather strong, and that she should remember that she is not as young as she was, Lou, instead of giving the advice back with interest, took it straight, and it just finished her. Now *why* should a woman with a good home and a fair sort of husband collapse at being reminded she's fifty-two?

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"Why she should be sick, I can't guess. She has *nothing* to do but run the house with plenty of help, have all the guests she wants, entertain my business friends over week-ends and at other odd times, motor every morning and play bridge every afternoon if she pleases, and top off the day with a nice little dinner at eight. Thank heaven, we've not gone in for animal and geography dancing like most of our darn-fool friends, some half again as old and weighty as we, but if we have dancing guests, we just run 'em over to the Country Club to finish the evening and Charleston the porch down. No, Doc., I don't see a *thing* that she's done to run her out."

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"Why must it be a *trained* nurse, Doctor Russell?" the Lady asked a little later, as father hesitated a moment that he might make sure which end of the difficult problem it would be best to handle. Her unusually smooth and rather indolent voice, taking on a sharp, staccato tone, indicated that she was either on the verge of breaking down or that she was steadying herself for a keenly contested argument, while her lower jaw came forward in a way which the intimate friends of the usually Happy-go-lucky-Lady of The Bluffs characterized as "setting the danger signal."

"I only feel a bit measly and shaky; it isn't as if I was coming down with typhoid or nervous prostration, as dear Lavinia Cortright did last winter, and

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going to be dead to the world. You say that I need to live regularly and rest and eat just so much (by the way, what did you say that I could or couldn't eat? you'd better write that out; I never could remember menus), and not let people drag me around so much, and try to help you find out why I kick up a fever every afternoon?

"I guess I can manage that myself without a trained nurse, and if I can't, Julia can. You know that she has been my maid for ten years and has done lots of my shopping; if she can match pastel shades without a pattern, she ought to know how to read my ways."

Father listened patiently, for Mrs. Jenks-Smith was one of the few patients that he still treated outside the office, Dr. Harley now taking most of the Hillside work.

"How about the care of yourself last spring when you first returned from New York? Do you remember when the tablets and tonic I prescribed remained unopened on your dresser for a week, and you confessed that you had not managed the time to carry out a single direction that I then gave you, even to the simple one of taking two glasses of water between meals and two before going to bed?"

"Certainly I knew better but I had Society to consider. In New York you are either *in* it or *out* of it; that is, unless you were *born* into one of the old families, like Martin Cortright and Lavinia, which neither

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Jenks nor I were. What's left of them all stick together like a swarm of bees and never seem to notice out-of-date clothes and ways in each other. If you're in it only from the *outside* on account of your dinners and concerts and the stock pointers that your husband can give, you've surely got to mind your job or along comes somebody to 'go you one better' just when you think you hold four aces.

"I just couldn't stop indoors because I had to give houseparties before the crowd broke up for the summer. You said if I ran a fever that I *must give up* and stay in the house. I simply couldn't do that, so I thought that it was clever not to let you know if I did or not. I forgot the medicine, honest Indian, I did! As to the water, what you told me to drink was enough for a horse and you *know* water is so fattening to some people that I knew it would be to me. What! Why didn't that perfect maid of mine remind me of your directions? *Do you suppose that Julia would have been with me these ten years if she had undertaken to boss me?* Not much." Then suddenly relaxing, my Lady's lips began to tremble.

"I know that I did *wrong* and I'm paying up for it now, for I do feel really sick, down and out. Yes, I suppose that I'm in my second childhood as Emma told me to my face; that is, what she said meant that." And the poor Lady of the Bluffs, who in spite of girlish up-to-the-minute clothes was but the shell of her former buoyant self, burst into a really childish

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boo-hoo of tears that washed the velvet finish from her nose and made chalky pathways down her cheeks, mingling curiously with the vivid lip-dye.

Father let her have her cry out, knowing that if it did not last too long she would be the better for the brain-sponging that tears often give. After a while she grew quiet, a few really babyish sobs catching her breath until they died away into a comfortable sort of sigh, for, an aging woman though she was, she was in some respects a perfect child, with all a child's whims and innocent vagaries. It was this quality of youthful sincerity in both Mrs. Jenks-Smith and her spouse that made them liked, nay, almost loved, in spite of their crudities, by people in a world far from their own, wherein dwelt Martin, Lavinia and a few others of the past age of good breeding.

"I'll have a nurse," she said presently with a winning air of contrition, "for I do feel as if anything in the way of sickness might be grabbing me. Only, Dr. Russell, why will not a comfortable sort of a meek-minded natural nurse do? It isn't a matter of the price, of course you understand, but that sort are not usually so uppish, and they'll amuse themselves with the other maids and you don't feel them sitting on your chest like roast duck when it's overdone. We never had anything but natural nurses—they call them domestic—when we were first married; they were so accommodating that they could turn a hand at anything from pickles to a shampoo. I had one

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for Jenks when he had boils that had to be poulticed, and she made me the loveliest lace fichu. I've a fillet lace gown now that needs doing over; it's beyond Julia, and I can't trust it out of my sight. I suppose probably that woman is dead by now. It was the year before baby Louise died, come to think, for it was thirty years ago and she must have been all of fifty then."

As The Lady said this her words drawled into a sort of amazed whisper and her eyes dilated, as if she saw in the past that which appalled her, in looking back with the eyes of the present.

"Why must you have a trained nurse?" father repeated, ignoring the rest of her babble. "Why should the chauffeur to whom you trust your life, together with your high-grade car, be a skilled mechanic? Any fully witted man can hold the wheel on a straight and level road in a familiar place; but how about the unknown country where he does not know the way, the steep hill climbs, the unexpected turns, the stretches of deep sand? How about a breakdown thirty miles from a repair shop with a driver who cannot change a tire? Isn't your body worth as intelligent care as your limousine? I am one of those who hold that the woman who nurses should, in her vocation, not only have the best possible training but hold a license under the law, which for just cause may be revoked. What we used to do and put up with must be judged in the light of what we then knew.

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It isn't the question of the then or now; it is a matter of our knowledge being the measure of our responsibility. Neither you nor I feel sure of the road at the present moment, and it is just to me, as well as to yourself, that I leave a skilled mechanic in charge during my absence."

"If you put it that way, of course I'll have a trained nurse. One reason I believe in you is because you take trouble to *explain* and put it in words I can understand," The Lady assented, rubbing her eyes vigorously, wholly unconscious of her facial wreckage. "But, Dr. Russell, can you *guarantee* one that will be responsible and not get rattled and strip the gears on a hill?" she added with a puckered smile.

Then at last did father's face relax until his infectious smile spread to The Lady's face and partly relieved its strained expression, though the eyes that sought his were feverish and heavy.

"Do you remember," he said, "when you first came here, old Mr. Dibble, who was the blacksmith on the road in the river valley below The Bluffs? I often stopped to chat with him, for he was quite a philosopher. When some much-discussed question, usually concerning his wife, failed entirely of solution, he would turn quickly to his work, jerking his words over his shoulder between the blows on the anvil.

" 'Well, Doc,' he would say, 'we mustn't forget that there's considerable human nature in man, especially

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woman who is under special service o' the moon that changes every twenty-eight days, not to mention comets!

"Concerning trained nurses, the first thing that the patients should remember, if they are not too ill (and if they are, their next of kin should stand sponsor in the matter), is that when this *Captain of the Watch* comes on duty, the wearer of the spotless white uniform is not to be regarded as a bodiless, soulless, tireless bit of self-lubricating machinery, but a human being whose veins should be full of good red blood."

"All right, Doctor, go ahead and get her, only mind you get her to *fit*. It isn't only me, it is poor Jenks-Smith that's got to be considered and you'll have to explain to her about *him*, or if you don't catch on, I guess Barbara can. If I'm to lie by for a while she will have to be the sort that he can sit opposite at table without being goaded into a fit."

"She can have all her meals upstairs or after he has finished, which is the usual way."

"*That* won't do at all. You know that you yourself once said that Jenks ought *not* to *dine alone* and he positively can't; among other reasons he eats too much and too fast when he doesn't have to stop for breath between words. Now that it is coming fall he's usually too tired at night to dine out much; besides"—and a charming little glint of tenderness touched her now really wan features—"he would not want to be away if I was poorly and might want to

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see him at any minute. Somehow, in spite of everything and everybody and all the fuss and fights of living and me growing fat, he's never gotten over thinking that I'm just about *the* thing.

"He simply couldn't endure looking at an ugly nurse, and though he's straight as a string in every important way, he can't help being nice and polite to any sort of a decent woman; he'd open the doors, pull out the chair at the table, say what a pretty gown she had on, even if it were only a uniform, and ask if she objected to smoke, though I'm not sure how he'd act if she said she *did*. He's got to make everyone happy that's round about him and he's *got* to give them a good time, or else he's bored.

"It does seem funny, Doctor, but I've known women that were not brought up with gentlemen to take the wrong lead from Jenks' manners. He'd an awful row with a typist once, a clever girl as far as work went and hard to replace, but her men-folk at home never wore collars or coats in the house, and sat on one chair and put their feet on another and maybe let the women stand. She puffed up, as I made out, because he said, '*My dear girl, please be more careful about your spelling.*' If he had said, 'What the devil do you mean by such damn carelessness?' it would have been in her line. On rainy days occasionally he had a lunch sent in for her along with his; then somehow she started building a crooked glass house on no foundation.

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"Jenks *hates* any such sort of row, so he pulled me into it and I went down to the office and took her out in the car for about an hour, told her a good deal she didn't know and set her down good and hard; then I went to see her mother. Well that girl stayed with Jenks until she married and now he's got her daughter! You sure must understand what people don't know, or you can't understand *them*."

Then suddenly sitting up and grasping father's arm, she whispered, "Dr. Russell, do you think that my little Louise might not have died if there had been a *trained nurse* instead of a natural one that time when we were snowed in and the doctor could not break through?" Before he could answer, she began again incoherently, "Anyway, best get me one before tonight, since—been talking—I know—really ill, without little glass telltale's saying so. So tired! Dr. Russell—could go to sleep on floor—yet the thought of going to bed makes me wild. Don't want to think any more. Don't want to choose what gown I shall wear at dinner—Julia will ask me right after breakfast—be sure it's in order. She's in her second childhood too, *she* can't think—perhaps I've got on her nerves. *I* haven't any nerves; I haven't anything—not any sense. I am sure Emma was right, in my second childhood. Somebody to take all the say-so, just as mother did, only don't let me know it, or scold; *mother never did!*"

Then this combination of warm-hearted woman-

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hood, warped out of her real place by modern push, picked herself up and with father's aid staggered slowly upstairs to her bed, Julia being so astonished at the time that she did exactly as she was told.

"The hemoglobin shows anemia. I cannot tell about some typhoid symptoms until I get the result of the blood analysis," father said to me on his return that night, after having called me to the office and asking me to help him think of the proper nurse. He had already obtained a list of the hospital graduates on the Bridgeton registry. "If we cannot fit the case here, we may have to send to New York, but that too may come later on if this is a long siege."

One point, or rather three, I must use here to bind this rather discursive narrative to the practical spine of the theme. From the patient's standpoint (which includes that of the family or household into which the nurse goes), oftentimes there is not sufficient care exercised, either upon the part of the physician or the registry, in fitting the nurse to the case. There is oftentimes a schedule for sending out the next in turn, as at a cab stand where due regard is not given to the suitability of the horse for the pull. In fact this same "etiquette" I have sometimes found prevents the manager of the registry from asking the applying physician any questions concerning the case other than those he chooses to give. This is unjust to the nurse and patient. Physicians also vary widely in the way of handling the nurse they place

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in charge. On the one hand, they may give arbitrary, inelastic orders with no human-between-the-line explanation, or else they may be facetious, free and easy, perhaps talking in scientific terms to the nurse in front of the patient, who feels as if she were a poor victim completely shut out.

Of course, the greatest efficiency is reached when a physician works frequently with the same nurse, with the result that the nurse is never at a loss to interpret methods and to understand precisely how much leeway is given to her own judgment if symptoms change suddenly. These nurses are seldom, if ever, out of work. Naturally, in seasons of epidemics and unusual stress, any physician is likely to be obliged to turn in haste to the registry of his particular hospital for untried aid, but even so, the really great man will find a way of "sizing up" the nurse very early in the game and of giving to her the advantage of a few explanatory words on conditions outside of the medical aspect of the case, a procedure which will be of mutual advantage to all concerned.

As father and I brooded over the list, this particular autumn morning, we did not at once see light. As usual, the most desirable nurses were busy, while a batch of recent graduates came under consideration. Miss D. had done very good work in the hospital. She had a reputation for being quick-witted, neat, prompt and accurate, but she always gave her patients the impression of being a nice polished bit

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of glass upon which little or no impression could be made.

"I would take her at once for a severe surgical case," said father, "but I'm afraid she would chill our friend into instant rebellion."

"How about Miss B.?" and father looked at me over his glasses. "She did fairly good work 'in the medical' and was always sympathetic both with children and the mothers who came to see them. She was, I remember, somewhat awry as to dress, but doubtless she would mend her ways to match her surroundings."

"No, she would not," I said emphatically, "she was one of what we called last winter Lavinia Cortright's 'Rosary of Nurses'; and even dainty Mrs. Cortright could not keep her from sticking her thumb into every cup or bowl she handled, from holding pills in her fingers instead of using a spoon, or from dusting the bureau with a soiled pocket handkerchief. Neither could she be taught to make her trays look other than like those of a sloppy railway restaurant, in spite of the Cortrights' dainty linen and china. She is another nurse who would do for a case so severe that the patient was beyond knowing or caring, but not for a possibly long drawn-out medical case where the patient is punctuated with nerves."

Suddenly father brightened. "Here's Miss R., settled and forty, a good nurse of ten or twelve years' experience, very neat and methodical. Her patient's

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room is always like a bride's apartment on a reception day, and as for her trays with a flower laid upon the napkin, they would do for illustrations to a book of Nursing. She is last on the list and evidently has but recently come in, as I heard of her on Long Island only a few days ago."

"How do you think she will agree with Jenks-Smith?" I asked.

"Jenks-Smith! I had forgotten him," and father pursed his lips and looked out of the window. "I think that they will agree excellently," he said after consideration. "He will probably give her peppermints instead of chocolates and see that she has all that she needs, without feeling impelled to take her motoring."

"*He* may agree, but *she* won't. She will give him at the very first meal a list of fatal diseases pertaining to men of sixty with good appetites, and add that she never accepts any attentions, however slight, from the male member of the family in which she works. Also she will say it in such a way that it would put evil into the mind of a saint. She is decidedly one who 'protests too much,' and in her own mind she is a large figure in the foreground of all things. Don't you remember she was at Mother Bradford's when the old lady broke her hip? It was a long and trying pull and Horace used to take up baskets of flowers and delicious fruit from his garden, but as his mother ate very little, it went to waste.

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One day he said to Miss R., 'That fruit is intended for you quite as much as for my mother,' whereat she drew herself up and said, 'I never take presents from men.' Horace, being too furious for manners, replied, 'I should think that from your viewpoint you would consider me only a boy, Miss R.'"

Father laughed but I could see that he was growing discouraged. At that moment the phone rang. He pulled the receiver toward him and at once his expression changed. The conversation was long, while his end of it was not at all illuminating, being composed chiefly of "Yes, you are? Yes, by all means, as soon as possible. I am not by any means sure; it may be both medical and surgical before we are out of the woods; that is why I need you. Yes, here at The Bluffs and at least in a month to the City where it will be Pollock's business. I will call for you at four."

"That matter is settled," he said with an immense relief.

"Who is it?" I ventured.

"Olive S.; she has returned from a two weeks' vacation; before that she was taking care of a severe spinal case for Harley, where there were no conveniences and only a young daughter of the house to do the work. The people said that she could not have understood them better or better spared them expense and criticism if she had been 'one of our own; but,' the sick woman added, 'that's what it

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means to be a lady. A neighbor's child, mayhap, that had took the training would have made little of us and bared instead of spared our lacks!" "

"She will have every convenience at The Bluffs, but her ladyhood and understanding will be equally necessary and stand in as good stead." They both did.

XIV. THE CAP: WHEN NOT TO WEAR IT

The white uniform of the nurse, which it is the custom to wear after graduation, is a refreshing part of the sickroom equipment. It is restful to the eye, for there are no stripes on it to follow endlessly up and down after the fashion of eyes that must rove and yet have slight motive for so doing. The use of the cap, a badge of the distinctive form of the graduate's hospital, which had its inception in something for keeping the hair neat, has gradually lost the significance of hair-restraining and therefore is quite unnecessary in private nursing except as a badge of authority. Sometimes it is mirth-provoking to a patient with a sense of humour, and depressing to the opposite type. One dear old lady asked me if it could be omitted, saying "every time I catch sight of that absurd little teacup perched on top of the fluff so casually that it might fall off and break, I'm reminded of what I often forget—that she is a Trained Nurse, that I am sick-a-bed and may die. Otherwise she is so kind and gentle to me that she might be the daughter I never had."

I asked the nurse if she objected to removing the

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"teacup," which she did gladly. Thereupon I found that when to wear or not to wear a cap was one of the many things about which a nurse is obliged to feel her way in going to a family for the first time.

Where it is a great establishment with a liveried staff, the nurse's cap may be a sort of claim to right of way, a distinct separation from those of general service. On the other hand, at the other end of the line is the home in a neighborhood where illness in the community is a social event of some interest in general and of importance to the household in particular, to which the visible coming of a *Trained Nurse* is a financial warranty.

"They say she has a *trained* nurse!"

"Are you sure? Maybe it's just a helper in a white Hoover apron, or maybe a 'practical'; they never could afford a *trained* one unless John Henry is more forehanded than we reckoned."

"No, she's a trained one. Sally was passing the house trying to size up things, when she came out to the gate to meet the postman and she saw her cap, one of those turned back Bridgeton caps too, and that settles it."

So that nurse's cap placed the family at once out of the Ford and in the Buick car rank and the children carried satisfaction with them to school, even though the box lunches that father scrambled together were not as appetizing as when mother was well and prepared them.

THE CAP: WHEN NOT TO WEAR IT

Of course, with children or young folks resenting authority, the cap is a necessary and excellent reminder that the wearer is the *Captain of the Watch* whom the physician has left to see that all the must-bes are carried out and that the *I don't want tos* and *whys* and *I won'ts* are brushed aside. Children love anything like dress-parade formalities. In this they are like primitive people with whom the addition of a string of beads or a high hat makes all the difference between the naked savage and the king to whom they bow.

When the nurse can have the change and relaxation of coming to the table without the cap, there is no forcible reminder of illness. The uniform might be a simple housedress, especially now that a soft open collar is permissible, instead of the rigid and uncomfortable curate-like band of old, while the absence of the bibbed apron, found to be an unnecessary article and only another to launder, does away with more of the marks that bring a depressing sense of illness from the sickroom to the table.

The omission of the cap would also doubtless lift the ban upon trained nurses in the dining rooms of many hotels and thus alleviate the tension upon them sure to be found by their being closely confined in one room. In a private house or apartment, however small, there is some chance for motion, but in a hotel, where pressing a button is the only outside service possible, to be able to pass through the corri-

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dors and dining hall unchecked is surely a matter of some importance.

There are martinets, of course, who like everything about them uniformed and trained. I have heard a man of this type (a physician, if you please) say that uniforms for all forms of service were protection against aggression! He preferred the stiffest of caps, high collars, and the terribly tight, slicked-down hair that gives a resigned and hopeless expression to almost any female face. These conditions, together with the unusual requirement of keeping the nurse standing rigid at the bed foot during the entire period of his usually lengthy call, mark his breed which is passing. Being the exception proves the rule of less of the unnecessary militarism required of the trained nurse, for, with the prevalent short hair, the cap as a symbol, outside the hospital, is ridiculous, and anything like keeping it neatly in place is impossible.

XV. READING ALOUD AS A PART OF TRAINING

"Read aloud! That is a companion's job. What has that to do with trained nursing?" asked a graduate of a year, with her eyebrows raised, followed, it seemed, by her front hair topped by the wisp of a cap, giving her the appearance of a querulous jay.

"Everything in the case for which I need a nurse," replied the physician quietly. Sensing her aggressive attitude, he knew that persuasion was useless—so, list in hand he phoned and searched here and there for two whole days before he found a suitable nurse, who would even consent to *try* the requirement of reading aloud. Yet there was nothing unusual about the patient, an elderly woman of suddenly obscured vision, whose contact with life was, at that time, largely through the world of books, so that the technical side of blindness was the least part of the malady. Of course there was something to do in the way of bodily care, compresses and drops, but there were hours when the nurse must merely "sit around and wait." Nor would it have been making good as a one-hundred per cent nurse not to fill that time in the only way that would give

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comfort to the patient, by reading in a sketchy fashion from the newspapers, by giving the table of contents of the last magazines until something was reached which took the patient's fancy, or perhaps by reading from a book sufficiently vivid to hold one's interest, even if taken in snatches. To thus break the gloom of days, when goggles and a dusky room intermitted the total darkness of the padding process, was certainly as much a part of the case as the medical ministry. This lessened the nerve tension, thereby partially checking the racing blood pressure underlying the blindness.

It is the unbaked, or at least the unthinking type of nurse, who fails to link together effect and cause, who thus separates body and temperamental necessities (I do not say *mind*, for I'm not thinking of mental disease) in a way that often renders useless the mere care of the body.

"I grant you that," said a hundred per cent nurse of understanding, with whom I was discussing the matter, "but that is one of the reasons the higher educational standards are stressed in sifting the pupils for the better training school; it is to counter-balance the 'short term, get 'em anyhow from anywhere rough scuff,' taken under the plea of necessity, but which sooner or later brings the profession under criticism.

"Yet," she added, "though there are comparatively few people who read aloud really well, reading intel-

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ligibly is but the second step of speaking distinctly and this should be a part of the nurse's training, even if, as a probationer, she has slurred and shrilled, after the habit of young America in general."

Then, as I thought the question over, the sound of many voices drifted through my head, as well as certain criticisms of the slovenly, and sometimes almost incoherent speech of many women, among whom are teachers who hold themselves to be educated. I realized then that defective speech and poor use of the voice are much too general; and also that there are few places where this defect is more distressing and inopportune than in a sickroom. If, according to Shakespeare, a "voice ever gentle soft and low is an excellent thing in a woman," surely it is doubly so in the woman of the nursing ministry. With a little insistence upon distinct utterance and voice control, during training, plus the higher educational standards that make for correct pronunciation, the nurse is almost automatically equipped for reading aloud.

Young woman, you may shrug your shoulders and either sneer at the whole argument or shake it off with the mental reservation that you are only going to take surgical cases, those that will move quickly or have their moments of dramatic excitement, etc., so there will be no demand for reading aloud.

This is all very well but there are betweentimes in cases other than the long pulls and the hapless

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chronics. The man of affairs, temporarily blinded by an accident, cannot rest in peace without the financial details from the daily papers. You should be able to turn to them at once, and, without mixing reports of the Stock Exchange with those of the Curb Market, check off the information that he desires.

I know a man of this type who had a particularly unhappy experience with a generally capable native-born nurse of good repute, who had very little grasp of the English language. The poor nurse pronounced Cuba, "Cubba," Sweden, "Swedden" and Louisiana, "Louissinnie," all in the first fifteen minutes. It was not exactly ignorance, for she must have recognized the *spoken* words, but she was so little used to reading and pronouncing a *printed* word that connection was lacking. To print the errors, of which the poor man kept an all too vivid mental list, would sound like intentional joke-making; suffice it to say that when he lost the positive clue of the financial reports her *reading* language became almost unintelligible. Yet she quite resented the kindest correction, got "up in the air," and began a shrill list of important people she had cared for. The loss was hers, for when the acute part of the case was over, there would have been a wonderful trip with a delightful man and wife, the very thing she needed to round out her technical knowledge. But she was one of the nurses *who did not know her limitations* and so resented the fact that

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she had any, that she was an impossibility in a refined household.

Yet there are nurses who resent the fact that there are both physicians and patients who can, and will, pick and choose. Wake up, little nurse! Take a book, magazine or paper and read a few sentences aloud. See how you can manage both breath and speech, so as not to gasp in the middle of a word. Ask criticism from someone whose English is pleasing and if you meet words that call a halt, look them up in a small English dictionary such as every nurse should own as companion to the dictionary of medical terms and the pocket cyclopedia required in training.

You will find that presently you will have more interesting cases, if it is known that you can read aloud, with the possibility of trips, and trips. Well, almost anything unexpected may happen on one of them—even to the meeting of *The Prince*! Every girl holds one in her dreams, for I do not refer to the Prince of Wales!

XVI. THE NIGHT WATCH, MORNING AND THE WAKING UP

It may be a very abrupt beginning to tell those who require a *Captain of the Night Watch* in their homes to see to it that such Captains have, to punctuate the dark hours, comforts equal to those given the "specials" employed in the hospitals. "Comforts!" exclaims one, "I should think that would go without saying, from the mere fact that it is a home." But does it? The midnight lunch for the nurse should be a well-considered necessity and not a mere casual pick-up, for which it is sometimes found, too late, that there are no pickings! Aside from the meal, there should be a small table from which the food may be comfortably eaten, covered dishes, and either a gas or electric plate upon which the beverage may be prepared, as freshly brewed tea or percolated coffee is much more stimulating and wholesome than heated-up left-overs. For it must be remembered that nutriment and stimulation should be the component parts of this little meal, by which *pep* and wakefulness are induced, not the comfortable somnolence that naturally follows mere eating and drinking, in humans as well as in animals!

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In hospitals the "specials" usually gather at midnight with the regular staff for a cheerful, if subdued, bit of relaxation, during which the patients, if they need anything, press the button which turns on the red light and that calls the attention of the nurse on floor duty. Thus the night watch is broken for the hospital "special" in a way seldom possible in a home, though once in a three months' stretch of double nursing in my home, I unconsciously acquired the habit of waking about twelve o'clock and slipping into the sickroom for a quiet greeting, sometimes given almost in sign language. My solicitude was relieved and the nurse, who was a quite perfect *Captain of the Night Watch* had the feeling of positive human contact which she told me often broke the strain of the dark hours.

In addition to the midnight meal and its proper equipment, provide a comfortable chair, a few of the papers with light stories, and current magazines.

"I thought that a stiff, hard chair would be more likely to keep her awake," said a young housewife whose husband was very ill and who was asking advice as to what she was to do "to make those nurses be good to him,"—she herself having tried from her standpoint to do everything possible, but having done it *wrong*!

"Discomfort never produces faithfulness," I replied, I'm afraid, with a snap. A restful chair or a lounge that will allow the ease of equalized circula-

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tion is almost as refreshing as sleep itself. However, few people seem to realize it, or else the feeling inherent to some natures that they are paying the nurse to *sit up* (minus comfort) and that the stiff chair will see that she does it, overrules their better judgment.

There are two important phases in the handling of an illness of serious moment in the home, where the comfort as well as the care of a patient is concerned, which perforce are adjusted automatically in many hospitals. These are the changes of day and night nurses. Therefore the young nurse who is setting her path by the hospital ethics of plummet and line, may be thought disagreeable when she first enters a home for the *Night Watch*, and may, in her turn, consider her patient fussy or unreasonable. To avoid friction, therefore, there should be thorough coöperation and harmony between the day and night watch, to the end that the duties of one so blend with the other that there shall be as little visible shifting as possible. In nervous affections especially, the fuss and hurry often attending the shifting of nurses from day to night is quite disturbing.

In hospitals where regimen is the rule, the usual twelve-hour duty of "specials" is from seven to seven, the night nurse being supposed to give bath and breakfast, while the day nurse prepares the patient for the night.

Now this is often a very uncomfortable arrange-

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ment for the patient, and wholly unnecessary in the home if the nurses are in accord. If the patient can sleep on until eight o'clock, why make the waking time seven? The whole comfort or discomfort of the day may start from this detail. The old saying, "to get up from the wrong side of the bed sets a person awry all day," is out of place when the patient does not get up at all, but being waked up at the wrong time is quite as pertinent.

Morning and the waking up is a trying period for many people in perfect health, and I have heard many normal people of both sexes declare that to be pleasant at the home breakfast was a greater tax on body and brain than to entertain any number of mixed guests at the dinner end of day. How then about the coming of day to the invalid? Sleep may have brought little refreshment and the awakening merely promises a continuation of weariness. The nurse of understanding will do nothing abruptly but will try to make the waking as gradual as the going to sleep—no throwing open of shutters and windows; no sudden glare of sunlight so distressing to heavy eyes. If the night nurse has slipped out quietly thus leaving little tasks undone, let the day watch pick them up, trusting for a return accommodation at the other end of the line.

There is a courtesy which, at times, should be extended mutually by nurses for the patient's comfort, in spite of the fact that it is considered etiquette for

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the first nurse on a case to hold the day watch. If a nurse, who has been previously employed by a family and is especially congenial to the patient, was unavailable but becomes so later on, the first nurse ought with good grace to at least offer to change the period of duty.

Many nurses, however, take only night duty, thinking that by this means they may the better adjust their lives and acquire habits of regular sleep which keeps them in better condition; while there are other able women who find it quite impossible ever to get refreshing rest by daylight. This keeping systematically to either the day or night watch has both its advantages and its seamy side. The nurse of the night watch has no chance to have any of the alleviations of after-dark life, for instance, music, social relaxations, etc.; while the day nurse has no chance for life out of doors in the sunshine. The habit of alternating the day and night watches of course gives, in a way, wider scope for freedom of action. It is right here that a fifty-fifty compromise of patient and nurse would relieve one of the greatest strains upon the home nursing situation. It being supposed that the case will be one of length and endurance rather than an acute crisis, one of two ways may be tried, by mutual agreement. Change the hours of the shift, say, from ten to ten, thus giving a portion of day and evening to each nurse, or else, if the patient is not kinless or without reliable domestic house

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helpers, there will be an afternoon or evening period when, now and then, the nurse should be allowed to do either a little shopping or go to a dance, according to temperament.

Do I hear a chorus of *Ab's* and *How about it's* troubling the air? Probably, but remember that both patient and the general family will get the happy reaction from the change of scene. Neither will this adaptation be necessary in any arduous case in a line which keeps the nurses constantly under the exhilaration of a stiff fight with disease.

Twenty-four-hour duty, I understand, is largely falling into disrepute, and yet in many ways, if little night duty were required, many alleviations could be accorded which would not be considered reasonable when two nurses are employed. Extra pay for extra or overtime work now obtains in some private nursing hospitals, showing that there are still many cases where two nurses are not necessary from the working point of view.

It is not always absolute hard work that is wearing to the nurse; there is a certain sort of weariness that comes from the monotony of service, by relieving which a positively curative reflex may be felt by the patient.

I have in mind a time, when a sudden and alarming eye trouble impaired my sight and when after a considerable "still hunt," there was found to care for me a young nurse who had tact, a cheer-

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ful spirit, and the ability to read aloud understandably.

The medical requirements were slight, occasional drops into, and hot compresses on, the eyes; yet the girl, in her effort to succor me had literally to wade through my sea of the *Blues* which were as deep in color, as my previous interest in everything visible—flower, sky, bird on the wing and the printed page—had been great.

We never spoke of the possible outcome, but between us lay a sort of game of make-believe. The “Merry-go-round” as I dubbed her privately, radiated a form of sunshine that mentally reached me through the compresses, making me ashamed not to play up to her lead. However, though I am elderly, to say the least, I still retain the memory of the “pent-upedness” that makes it necessary for the young to effervesce at times and let off steam, lest by condensation and absorption it leads in time to a dangerous explosion. Fun, harmless fun, is the greatest safety valve for the average human, and mild fun was to be had close at hand, so I *thought*—and that quickly. At a nearby public hall, a respectable and well-controlled benefit society was to hold a masquerade dance, tickets to which I had subscribed for as a matter of course. Why not have the nurse and my sufficiently young companion attend it?

The idea seemed to touch the right spot and the next thing was the costumes. By this time I had

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managed to wake up and live backwards to days of adventure so that neither a shepherdess nor a hoop-skirt costume appealed to me. It was at the time of year when baseball, having held the land in its palm, was beating a retreat and football kicking its way in. I'm not sure yet which of the two suggested it, but Babe Ruth and a local half-back were decided upon as models! Costumes? A neighboring family of jolly boys of upgrowing ages gleefully supplied in detail mask, bat, baseball, catcher's glove, chest protector, headgear, padded trousers, football and spiked shoes, the last only being rejected as unwelcome on a dance floor, but these were skillfully replaced by adequate foot wear.

Babe Ruth was resigned to the complete disguise, but realizing the tight fit of the "breeks" (to which we are accustomed now), feared that if the high lights of the medical and nursing profession should see her she would be cast out.

"Then don't be caught," I cautioned, "slip away before the unmasking."

The pair arrived in a closed automobile, even the driver of which was rather bewildered as to their identity, and entered the hall arm in arm, completely mystifying the keenest guessers. As Babe Ruth and partner were quite accustomed to taking the man's lead in dancing, and were both of a boyish slimness and agility, their sex and identity were never more than partly suspected. At midnight, just before

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the signal for unmasking was given, they escaped via the dressing room and arrived safely home, bubbling over with merriment, if somewhat out of breath, with the half-back in a dripping perspiration from the padding!

The neighborly mother of the boys who had loaned the costumes had spent the evening with me and we all had cookies and lemonade for a finish, as the masqueraders had of course missed the regular supper and had to refrain from the perennial ice-cream soda, owing to the closeness of the masks.

There was a small leakage concerning the affair during the three succeeding years, but the neighborhood does not know all to this day. As the physicians and a couple of worth while Training School heads were not at all scandalized at the tale, I feel that it is like the title of one of the postwar stories, "Now it May be Told!"

XVII. CONTRASTS: THE ADAPTABLE AND THE UNADAPTABLE NURSE

(From the Experience Book of Barbara)

One January evening Martin Cortright, after waiting in vain for his wife to come down to dinner, found her huddled before the fire on the floor of her sitting room, in the clutches of a desperate chill, while at the same time the hands that he grasped to raise her, scorched his. She made no response to his eager questions and he felt that the beautiful world, wherein he had dwelt peacefully with her these twenty years, had suddenly taken a plunge through space.

Married at middle age, as they had been, the inevitable culmination of a friendship of ideals, Lavinia and Martin had never experienced those normal, though trying, physical shocks and rendings that belong to younger couples. Lavinia, though of that slender build and mobile temperament that is spoken of as fragile, reserved, or high-strung, according to the viewpoint of the critic, had never before suffered a real illness or even a temporary ailment sufficiently severe to take her hand from the household helm.

To Martin's beseeching "What is the matter, dear-

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est; is it cold or indigestion, or have you had bad news about the property?"—the only response received was a very feeble push from the woman upon the rug and a gesture of absolute refusal to be lifted to the sofa. But when he became insistent and tried to reach the bell to call a maid she clung to him hysterically, at the same time saying in a wholly unnatural voice, "Go away and leave me alone! Can't you see that I am *very* sick and so cold that I shall never be warm again? Can't you hear my head throb like the screw of a steamer when it is out of water? I'm so tired of everything—and everybody;—don't let a soul come near me. They may sell the property for a tenement and shut us in a wall pocket if they like; I shan't be alive to see it or to know if your books are buried under dust, or your writing gets so crooked that you can't correct your own proof-sheet! Stop! There is no use in sending for a doctor, because he will say that I must go to bed, and there is no one to take care of me if I do. Ah, you mean well, but really, Martin, you don't know a pill from a mustard plaster. A trained nurse? Imagine letting a stranger loose in this house! And what will become of you?" Then poor Lavinia, aching in every limb and fevered almost to delirium, cast herself prone, face to face with the grinning bear upon the rug, and burst into the low, breath-catching sobs that sound so appalling to an elderly man who has never before met hysteria.

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At first shot, Martin did as he was told. He fled to his study and, closing the door, stood with clenched hands gazing at the bust of Herodotus upon his desk as if expecting advice. Receiving none, he opened the door again and tiptoed down the hall to the old-fashioned speaking tube which was above a call-bell to the kitchen. He pulled the bell but did not dare use the tube lest he be overheard.

Jane, the substantial, middle-aged maid, answered the summons. Martin said long afterward, when the whole episode had become a joke, that he believed that it took her fifteen minutes to climb the stairs from the basement to the second floor.

"Mrs. Cortright sick? Well, why shouldn't she be? It's time and plenty for it. Sooner or later every lady, that is, one here in this city, is sick enough to go away for a change, south or west or north if they've bad lungs, and she has never been farther than Oaklands the ten years since I've served her. I'm sure the Madam looks delicate with her white skin and dash of red color which is deceptiver than none. If it's north she's sent she'll have to have a fit-out of clothes and so will she for the south, for that matter, for skirts have changed since summer, and the clothes used at Oaklands would never do for resorts." And Jane beamed blandly at the thought of travel.

"Can't I do something for her right away? Sure I can, Mr. Cortright. I'll coax her into bed for the

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time being, while you get the doctor to say whether north or south it will be."

Confused almost to numbness by the unexpected tirade from both mistress and maid, poor Martin crept down to the lower hall and, almost falling on the seat by the piano, called Dr. Pollock.

"No, he is away from home, but this is Dr. Gordon speaking, and I will come down after dinner, have guests, but will be there before ten. Symptoms indicate grippe, especially those showing unreasonableness and hysteria."

Like the effect of a slap in the face the phone ceased abruptly at the very moment that Martin, after endeavoring to collect himself, was about to confide all his fears, born of Jane's tactless remarks.

According to promise Dr. Gordon came before ten, by which time Lavinia Cortright had sunk into a heavy sleep, accompanied by much twitching of the limbs, and every time they touched a fresh, cool spot in the bed a chill quivered through the slender body.

Martin was so visibly nervous that the doctor asked for Jane to adjust the light so that he might examine her throat, and to perform many other little details.

When it came to the chest, his test was long and, it seemed to the two watchers, rather ominous. Jane had a very warm and faithful heart in her North of Ireland bosom, because of which, she felt it necessary to turn sympathy into a sort of fierceness, and

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every time the doctor said, "now a long breath, Mrs. Cortright," she augmented it with a sigh like a blast furnace with running comment, under her breath, for the doctor's benefit.

As for Martin, he stood very still at the foot of the bed, his intellectual face, clear-cut as a cameo, standing out white against the warm red window draperies, his only motion a quivering of the nostrils and a twitch at the corner of the mouth.

The examination finished, Dr. Gordon motioned Jane to take his place by the bedside while he led the way into the sitting room as Martin softly closed the door.

The doctor seated himself before the fire, stretched his feet luxuriously on the rug whereon earlier in the evening Lavinia had lain. "Grippe," he said presently, "with a bronchitis, a slight lung congestion and flu symptom; this, with a run-down condition and considerable nerve irritation, will require careful treatment and watching. Of course you will have a trained nurse? One will be enough for the present. Should any complications develop a second may be necessary. I hardly need remind you, Mr. Cortright, that you are not fitted to take even partial charge of your wife, and the maid seems to me to be of a somewhat combative temperament. In an illness of this sort there must be no friction, and no delay in the carrying out of my orders by a reasonable person, who must not be interfered with by household maids.

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"*Why* should Mrs. Cortright be run down? She leads a very sane life? Yes, I grant that, though everybody says the same thing when it comes to a breakdown. One fabric gives way in one spot and one in other. Doesn't keep late hours or indulge in gayety? The grippe germ, my dear man, is quite as often acquired at church, or on those nice little charitable expeditions of which your wife is so fond, as it is in the ballroom or theater.

"I will leave two prescriptions to be filled at once so that the medicines will be here when the nurse arrives. I will telephone my directions for the night to her."

Dr. Gordon spoke in a low, cool, perfectly even voice and with great deliberation, as if he enjoyed the sound of his own words above all things. Every syllable was distinct and his manner was quiet, non-committal and his control perfect, but absolutely lacking in human sympathy for the poor, bewildered Martin who felt as if he had been stabbed in a vital spot by an icicle. The surgical specialist differs chiefly (in my long experience) from the medical practitioner in his lack of verbal sympathy and his studied indifference to everything but life and death matters, yet within he may be all heart. Yet Dr. Gordon, though dealing exclusively with medical cases, had an extreme surgical manner and seemed to gloat in always giving knife edges to his

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diagnoses and taking a keen pleasure in watching the wounds they made.

Mechanically Martin led the way downstairs, asking, with the old-fashioned courtesy, if the doctor would take a glass of wine, which was accepted. Martin's father's father when mayor of the city, had laid down some rare wines that were still ripening, and Martin limited his courtesy to them.

It was at this moment, when they were midway of the lower flight, that Evan and I returned. We were making the Cortrights one of our little winter visits and had dined elsewhere. The expression on Martin's face registered both relief and surprise. Evidently he had forgotten, for the moment, that we were members of the household.

Entirely taken aback by seeing a doctor in the house, especially Dr. Gordon in place of Dr. Pollock, we hesitated a moment, just in time to hear Martin's timid question:

"Whom will you send us? Someone well known to you, I hope. Do you always rely *wholly* on these trained nurses, Dr. Gordon?"

"I cannot tell until I call up our Hospital registry; there is so much illness now that all the nurses who have worked with me are on cases. What do I think of the trained nurse, Mr. Cortright? She is a necessary evil *because* she comes as a stranger to a household at the period of its least resistance."

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I little knew as I stood there, in Lavinia Cortright's modest hallway in the "Village," that the words I was hearing would be repeated elsewhere and echoed until they became a sort of battle cry between warring nurses, doctors, and patients. *But* the saying went forth in an incomplete form as does much hearsay news; the "*because she comes as a stranger to a household at the period of its least resistance*" was always left out! Fundamentally cold as was Dr. Gordon, he never meant his saying to be taken in its literal and fragmentary harshness, and more than Dr. Osler intended "cessation of ability at forty, and forced death at sixty," to be the interpretation of his reasonable philosophy.

Little nurse-on-your-first-case, always be *sure* that you do not take offense until you have sifted and tested the *seeming* causes. Patient, watching the nurse from the vantage point of the bed shadows, don't keep a smooth, hard "chip" of prejudice balanced on your shoulder; put it under your pillow until you can find a safer place.

It was impossible to find a nurse of any sort that night at the hospital registries. The doctor phoned shortly before twelve that he had tried an outside agency and was assured that a reliable woman of long experience would be sent in the morning. He gave me such directions as were absolutely necessary, and as the phenacetin (then in vogue) was to be given every two hours, I prepared to sit by Lavinia while

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Jane occupied the lounge in the dressing room so as to be within call.

I thought Martin had gone to bed, for Jane, much against her mistress' will, had taken all his personal belongings to one of the rooms above. Having to go through the hall about midnight, I found him sitting on the stairs in a pathetic, dejected attitude of a child who has been shut out and scarcely comprehends the reason why. He promised to go to bed at once, but an hour later he was in the same place, except that his head had fallen on his arms and he was fast asleep, so I placed a pillow behind him and covered him with a heavy rug, for it was a wide "well" staircase and the hall was draughty. I always have deeply pitied the devoted man of the house whom illness shuts out in a twofold way.

When illness comes to a household men are classified in one of two ways. One type takes it as a matter of course, a natural vicissitude of life, as he might view any business upset that, for a time, is an annoyance because it is a drag upon the general efficiency of the firm. The other, being of the temperament which has been ministered to with unobtrusive subtlety, feels that illness is the stoppage of the very heart of things, a something with which he cannot cope, and a nameless and unreasoning terror takes the place of his intelligence.

Martin belonged to the second type, and Lavinia,

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knowing how it would be and realizing, without being told, that she was very ill and that there must be a nurse, awakened in the night watches, perfectly clear of brain for the time. She appealed to me about having a nurse that would fit in with Martin, very much as Mrs. Jenks-Smith had once appealed to father, only from a different viewpoint.

"Barbara," she whispered, the tightening of her throat making speech difficult, "whoever comes, tell her that she must not worry Martin unnecessarily or keep him out of the room. I will do whatever is thought best, but I cannot endure the friction of having Martin coerced or any argument or misunderstanding between nurse, family or maid such as I have seen in other places." Then a fit of coughing stopped her. I waited with no little anxiety to see who would be sent as *Captain of the Watch* of this helpless little garrison.

At eight o'clock of a morning, gray with the darkness of a sky full of unfallen snow, SHE arrived. Thus Evan dubbed her immediately, for, as he was in the library with Martin when Mrs. T. was ushered in, he was a party to the preliminaries, and heard her ask to see the "master of the house" before she went upstairs.

"Mr. Cortright, I believe?" she said addressing Evan who happened to be in the most conspicuous place before the fire.

"No, this is Mr. Cortright," Evan said quickly,

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almost dragging Martin from his chair behind his high-topped desk.

"I might have known as much, since Dr. Gordon told me that Mrs. Cortright was in that trying time somewhere between fifty and sixty when the unexpected develops with hitherto healthy women, and that her husband was considerably older and lacked presence of mind," was her comment. "Now, Mr. Cortright, before I take charge, I wish to know what woman has authority in the house, other than myself, and who is to do the necessary going up and down stairs when I can't leave my case? I'm used to institutional work where everything is at hand and where no exceptions are allowed to the best hygienic rules. I object to taking private cases, and only do it to oblige Dr. Gordon."

"There is no woman in charge of the house but my wife," Martin said staunchly, "and though I suppose we must not call upon her now, *nothing* must be done against her expressed wishes. I'm sure that Jane will help you see to that. Ah, yes, Jane, our maid, knows the household routine very well; she has been here for many years and, though not exactly tactful, is strictly reliable and to be called on at need."

"Humph!" she snorted. "I have found old family servants great stumbling blocks. They are invariably jealous of *we* nurses and usually prejudiced against fresh air. Who was with Mrs. Cortright last

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night? Was any record kept? That is the advantage of institutional care; whenever a day 'special' is called to a case, the night record sets her straight without waiting for the physician."

"Mrs. Evan Campbell is with her and will tell you what you wish to know. Will you go up? Jane will show you the way," said Martin who was rapidly reviving and, Evan said, getting a new and very wide-awake expression in his big deep-set eyes.

I heard them coming and at a sign from Lavinia went out through the sitting room to meet them. I had already set the bedroom in order the evening previous, rearranged her clothes closet and made everything neat, putting away a few little treasures that she did not wish touched by strange hands. I had bathed her just enough for comfort, but neither enough to exhaust nor to chill. She had taken some nourishment and now lay back against the spotless pillows, her wavy silver hair partly covered by a little pink-ribboned cap of a style worn by her long before the boudoir cap became fashionable for women of all ages. The hearth fire burned brightly; the room was fresh but not cold, owing to a mere crack being open at the top of one window and at the bottom of another. This was according to the directions given by Dr. K., the eminent medical specialist, when he was called by father in consultation to The Bluffs: "In *bronchitis* the air of the room may be constantly changed but should not be allowed to drop

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below sixty degrees. At best fresh air need not necessarily be cold."

SHE greeted me rather frostily it seemed, but that might be merely an impression, I thought, born of her extremely forbidding personality, sharp features, suspiciously ink-black hair, false teeth that snapped like an owl's beak as they closed, and hands so rough that her gloves clung as she removed them.

Showing her where to place her things I returned to Lavinia, who asked nothing except through the question marks formed by her eyebrows. Before I realized what I was doing I had placed my finger to lips that would smile and had shaken my head warningly. Lavinia afterward said that it was the smile and the knowledge that someone understood the situation, and would rescue her if it became intolerable, that prevented her collapse before afternoon.

Presently SHE entered clad in her Municipal hospital uniform, her cap set so far forward upon a smooth head of oiled hair that one wondered if it would not fall off, and, should it do so, whether it would not break in bits and damage the patient, so nearly did it resemble a china teacup. She did not wear the high heels that hammer the ground but had a perfectly unique tread, an unechoing thud as if "black jacks" replaced normal feet.

Crossing the room to the bed she laid one rough hand (with split, black nails, telling their own tale of her previous cases and the long use of bichlorid)

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upon Mrs. Cortright's slender one with its almost girlish, smooth fingers and pointed nails. In what was intended for a friendly greeting she said with a sour grin, "The doctor says that you've never had a real sickness like this is going to be, so I expect you won't like it much nor me either, but duty is duty, and you can trust me to do mine if I'm not balked.

"My, but this room is hot, and the smell of that inhaling stuff disgusting." (On the contrary, being benzoin, it was pleasant.) "They used to say that 'warmth is life and cold is death,' but now it is the other way round so far as institutional work is concerned." So saying, she threw up both windows, one being at the foot and the other almost at the bed head. The clouds had let go their hold and heavy snow was falling, swirls of which flew in and almost brushed Lavinia's face.

"Oh, please don't; I never lie in a draft," she murmured, beginning to cough nervously, while I, without a thought of the etiquette of the matter, quickly closed the window nearest to me and was hurrying to the other when the sight of the nurse's face stopped me, as with folded arms she stood braced for argument.

Evading the issue and her eyes as best I could—for what could be worse than contention for the patient with a high temperature, cough and agonized bone pains—I said, moving to the sitting room, "Oh, Mrs. T., I forgot to ask you if you have had breakfast?

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Would you not like some hot coffee? I can have it brought up at once."

"Postum, if it's in the house. I never take stimulants; they are very dangerous for nurses, especially in institutional work. Postum well boiled with *plenty of cream*, also a cereal and a poached egg on toast. And now, Mrs. Campbell, let me ask *who* is in charge here? There can be but one."

I was prodded by my quick temper to give a scathing reply but caught myself in time. Also, I realized that this was a case of misfit that came from a certain shirking of responsibility by Dr. Gordon in sending the strange nurse, whom I had immediately discovered Dr. Gordon knew only by reputation, as did the registry from which she came. Neither had I any real authority to transmit the directions given me by phone, which were of course verbal, and the record that I had made for the night was only a reminder for myself. I thought that I would try the friendliness which so often will dispel misunderstanding.

"Suppose," I said, "that until the doctor comes and gives his orders we go on with the medicines and do as nearly as possible what Mrs. Cortright wishes about the little things that do not really count except as they give comfort to the patient. After all, that comfort, combined with the physician's orders, is, I take it, the whole end and aim of *trained nursing*."

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SHE would not agree to this. "Trained nursing," she snorted, "is to learn what *should* be done, without interference; the comfort of the patient, when it means whims and frills, has nothing whatever to do with it. Orders are Orders; and in hospital work, smoothing them down is held time wasted." I truly believed she meant what she said. Do you wonder that the poor often dread the hospital?

However, she closed the other window, as quite a little heap of snow had collected in the seat of the armchair during our brief talk, and I went down to order the Postum and to see Evan before he left and tell him that he must go home to Oaklands alone that afternoon, for I could not leave Lavinia until there was a *Captain of the Night Watch*, at least one who bore less resemblance to a pirate.

"We seem to be likely to have a demonstration of the first part of Gordon's saying, 'The Trained Nurse is a necessary evil,' " said Evan. "This one certainly is an evil but it has yet to be proved that she is necessary."

"I am going to call up Dr. Gordon if I may, Mr. Cortright," I said firmly.

"Do, by all means, Barbara. I am very dubious about that woman and, sick or well, Lavinia must be consulted as far as possible. It seems to me that all that's needed is a little tact, a little feeling, a little *understanding*."

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"That is it, *understanding*, that and one thing more; as father puts it, 'it takes a lady to care for a lady,' and in the trained nurse the lady instinct is often born of a kind heart, it need not imply a pedigree."

It was Dr. Pollock and not Dr. Gordon who answered the phone. He had returned unexpectedly late in the evening and had not yet seen Dr. Gordon. When he heard from me of Mrs. Cortright's illness he seemed much disturbed and promised to come immediately. When I told him of the calibre of nurse that his colleague had sent, he instantly waxed wrathful.

"That woman should never be sent to a private case unless it is as a second and where lifting and hard physical labor are required. Who is she? A graduate of twenty years ago from the Municipal Hospital. She essayed private practice for a year or two, with the result that she was always dismissed after a few days, as a misfit, though she never committed any technical errors. It was during this time that I met her. She returned to institutional ward work and married an orderly. This arrangement was also a misfit, and now it seems her name has appeared on one of our best registries. This sort of thing seems inevitable under the present system of registration, yet it is all wrong. Why should a nurse, without the personal references that we require of even a cook, be

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thrust into a family of refinement, made helpless by illness? Trained nurses should be licensed, and then the unfit would disappear by a natural sifting.

"There is too much irresponsibility all around," he continued. "The physician is in a hurry, and the head of the private registry wishes to place as many nurses as possible, so at times she wedges in those she either knows or suspects will be misfits. Will I assume the responsibility of dismissing Mrs. T.? Certainly, and I will see also that Mrs. Cortright is properly served in a few hours."

As I hung up the receiver and repeated the message to Martin, he began to sneeze violently; the fire blazed up as if blown by the bellows; the inside sheet of the newspaper in Evan's hand blew across the room, and more than one door banged upstairs.

I went up, to find the windows of Lavinia's sitting room open as well as those of hall and bathroom and even those in the upper bedroom where Martin had taken refuge. Evidently SHE was dealing with this home on the impression that it was an alcholic ward.

When I returned to Lavinia's room she was twisting her hands nervously and I could see that her eyes were full of tears. There was something in the surroundings that I did not at once understand, while at the same time SHE puttered about, in and out of the closets and dressing room with a vigor that added to the draft.

In answer to something in my expression that she

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read as a question and instantly resented, she snapped:

"I'm just clearing away some of this litter—all those books and ornaments and flower jars and junk. If anything upsets me in my work, it's a lot of stuff around; besides, it is a waste of time to keep dusting it."

"Did Mrs. Cortright ask you to take away her ornaments?" I asked in as low a tone as I could command.

"Ask me? I can't see what that has to do with it. I know what is best and I want to get down to business. She complains so of her bones that I'm going to give her a good hard rubbing. Did you ever see a hospital room littered up like this one, let me ask, and isn't a hospital the standard of efficiency?" she said, using the latest jargon.

Before I could steady myself to answer, I heard Dr. Pollock's cheery melodious voice talking to Martin as they came upstairs together. Outside the sitting room door they paused. "May you come in? Most assuredly. You will be the first one to know if you are tiring your wife. The greatest mistake in illness is to let it turn the household upside down when it is entirely unnecessary."

By this time SHE had taken her place, rigid as an iron post, at the bed foot, with an expression at her mouth corners that said, "Now I shall get my orders direct and we shall soon see who is who."

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Dr. Pollock, with one glance, took in the patient who was now crying softly, the bare room, and the rigid woman whose snapping black eyes would not let him pass her over lightly. "Step into the next room," he said to Mrs. T. curtly. Nodding pleasantly to Mrs. Cortright, but ignoring her tears, he followed the nurse and closed the door. In about ten minutes, which seemed like an hour, he returned; SHE did not.

"May I speak to you a minute before the nurse comes back?" Lavinia whispered. She was clinging to Martin's hand and terror was written in every one of her delicate features.

"She is not coming back," said Dr. Pollock decisively; "her coming was an error. My car is at this moment taking her back to her rooms, so rest in peace and let us look you over," he said cheerfully. "Meanwhile, Barbara, can you not restore this room to its usual beauty?"

Lavinia was a very sick woman, but there was nothing in the physician's attitude that betokened it; nor, on the other hand, did he find it necessary to jar the sensitiveness of Martin and myself by ill-placed levity, for we knew and read between the pauses.

"Presently a nurse will come to care for you upon whom you can rely as you would Barbara, and perhaps even love. I will wait here for her, so that this time there will be no mistake. Now Martin will sit

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with you while Barbara and I go down to meet her."

Trained Nurse-on-your-first-case, remember one thing, you will not be neglecting your duty if you slip out now and then and let even your sickest patient have a word or handpress quite alone with one of his or her family; to do otherwise breeds the discontent born of perpetual watching, and sometimes may cause the patient to definitely request this privacy which some nurses construe as a mere desire to voice a complaint. This holds good unless the doctor definitely orders to the contrary.

Presently the doctor returned, and with him a rather tall, slim young woman in white uniform, white shoes and a very inconspicuous thin lawn cap, from under which peeped little strands of short hair, that kinked and curled in an attractive way, quite the opposite of untidiness. Her hands were long, and the fingers looked flexible and strong without hardness. A pair of large, soft brown eyes offset the firmness of the square chin, while the rather thin lips drew back into a friendly smile, a smile of comprehension as she saw Martin and Lavinia and read their apprehension.

When they saw her (whom Evan afterward dubbed *Lovelocks*, the quaint seventeenth-century name for her errant style of tresses), the relief was so great that neither spoke, but Lavinia, withdrawing one of

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her hands from Martin's, reached it over the other side of the bed toward the new comer.

Possibly it was not the proper thing to do, according to training school or hospital etiquette, but the girl, kneeling quickly by the bed that she might reach it without awkwardness, took the burning hand in hers and pressed it to her cool cheek, the simplicity of the action saying, "I know, and you may trust me. I am here to help make you better." Then Lovelocks was on her feet again and with a half-abashed "I beg your pardon" stood before the doctor where he waited by the fire, and she listened intently to his every direction while making ready to begin her chart.

I was not to leave for home until the evening train, and shortly before seven o'clock Constance F. arrived as *Captain of the Night Watch*. Dr. Pollock and Martin agreed that there must be two for awhile, as a possible pneumonia lurked in the shadows and Jane's competence as a housekeeper ended at the threshold of the sickroom.

I only greeted Constance as she went upstairs, but it was the beginning of many years of greetings, and as I say her name and close my eyes a picture comes before me of absolute unwatched faithfulness, the faithfulness of high intelligence and high principle. Night after night for weeks at a stretch, for grippe has a strange aftermath, she sat in the little screened alcove back of Lavinia's bed, trim and spotless in

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her white gown, not a hair awry, in her hand a bit of needle-work or knitting that required no eye strain, her night lunch on its white cloth-covered tray, and the spirit lamp at hand to heat her coffee, so that no absence from her post was necessary. As quietly she sat as if she slept, but eye and ear were ever on the alert for danger signals.

Then when her watch was over and the *Captain of the Day* relieved her, she would go down to breakfast with Martin at his request, and, before she took her exercise and went to sleep, tell him of the night, always choosing those details that spelled hope. Why did they not alternate in the night watch, those two who worked so often together? I once asked Miss F. this question to which she thoughtfully replied:

"There are two reasons, Mrs. Evan, why the weekly shifting of nurses seems to us to be bad. To change every week the habit of sleeping in the day, and vice versa, costs the nurses several days of lost sleep before they become accustomed to the change; then there is the other side, which I do not think is enough considered. If a patient, like Mrs. Cortright, is accustomed to seeing the same face when she wakes at night, there is no confusion, no painful effort of memory to realize who and where she is; so a change is demoralizing. No, it is getting to be quite our habit now not to change watches on a case unless it is of unusual duration."

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Here was a viewpoint that at once swept the nurse from the class not of the "necessary," but out of all possibility of evil, while the *Day Watch* also thought upon parallel lines.

One evening at dinner, when the danger period was gradually passing, Martin and Lavinia insisted that Lovelocks should not wait for her meal until Miss F. came on guard. Martin had said, "If it were not for your caps, it would be easy to think you were social guests. Why must you wear those constant reminders that there is illness in a house?"

"We need not wear them here. In a hospital it is a matter of discipline and they somehow seem to fancy that it reminds us of our position and the patient of our authority. Also the cap *was* supposed to cover the hair and keep it neat," said Lovelocks, laughing as she twitched off the contraption that perched atop her head as lightly and irresponsibly as a butterfly. "In a house we do as we are requested; the cap, I think, is one of those things that should be viewed wholly from *the standpoint of the patient.*"

"Caps off then," said Martin, and when they returned to the sickroom and Lavinia heard the explanation, she gave a long sigh of relief and said, "Oh, I am so glad! Every time you moved your heads the caps bobbed and seemed to say, 'I'm a Trained Nurse! You are ill! You can't get away from me, you know you can't!'"

XVIII. WHEN THE HOUSEMOTHER IS ILL; PITY THE MAN

As "the comfort of the patient" is the high ideal of nursing, there is much that the conscientious nurse must do that can never be charted except by the busy little angels who sit up out of sight recording good deeds. For in proportion as the housemother has been capable in her days of health, so is the calamity great and collision almost inevitable when her hands leave the wheel. It is the man with the clever wife, and never harassed by housekeeping details, who proclaims to his less happy pals, "My wife loves her job; we haven't had a 'kitchen row' since we were married;" and who is the most likely to flounder about, quite helpless under the changed conditions.

The saying that "where there is smoke there must be fire" may be applied in a broad sense to the undeniable condition of general friction that often exists in households between the professional nurse and the domestic workers. (I have always disliked and never used the term *servants* in this connection. It is a false classification. Do we not all *serve* something or *someone* in our daily lives, that is, if we really make good and are not of the parasite breed?)

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This undercurrent of antagonism, the germs of open troublebreeding, may occur in apparently well-ordered homes with a head, but when that head is laid low, friction seems inevitable, unless there is mutual self-restraint above and belowstairs. Now what is the "how come" of this whole matter? I have sifted down many cases both from actual observation and reliable report. Of personal home experience, I cannot speak for myself because I have never had upheavals, other than one "Yellow-Cat" case, which is the exception that proves the rule, and is described later on. This is my conclusion; namely, that trouble breeders are equally found among families, nurses and employees.

The family is always more or less upset by illness and by the extra expense entailed, and too often blames the nurse who is merely the medium, for the extra requirements of food, service, and so on, instead of blaming the necessity which requires these extras. The person in charge often actually shirks or forgets this provisional marketing, instead of telling the cook that such and such foods will be needed, or seeing that the same are already on hand waiting for the nurse's preparation, as circumstances often require and the increasingly important dietary control demands. What is the result? The nurse goes downstairs expecting to find in course of preparation the dry toast and bit of bacon, allowed for the morning relish, and learns that not only is it the first time

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the cook or maid has heard of the matter, but that there is neither toastable bread nor bacon in the house!

Oh yes! this actually occurred in a certain case, and the same housekeeper a little later went out for the day, leaving behind only the materials for corned-beef hash for luncheon, when a special lamb chop had been promised the long meat-free patient. When the nurse was minded to make amends by picking up a tempting egg dish, the cook angrily announced that there were no eggs. "Yes, *I did* forget to tell the mistress, but how can I be blamed when a trained nurse, requiring things just so, is fussing in and out of the kitchen?"

The patient, a young lad not long out of the liquid typhoid diet and very weak, cried like a baby because of disappointment over the missing chop, so that everything was unpleasant all around.

It is not alone about the food and service question that misunderstandings and unpleasantness arise. Tittle tattle and what I call the *blabbermouth disease* make for bad feeling above and downstairs. Also I have known patients almost to force the nurse to be a detective.

The nurse who is at heart a *lady* seldom has, or causes, trouble; she knows how to carry herself, she has a pleasant word of greeting for all, a word of praise where possible and is very slow to find fault. She never repeats below stairs the often heard family

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criticism of slackness or extravagance on the part of the maids, and she never brings to the family ear what might be considered breaches of kitchen regulations. These are unimportant small things, the little humanities, they might be called, the manifestation of the social home-feeling that alone puts any sort of comfort into domestic service. If the cook wishes to give the chore-man a cup of coffee of a morning, or, to invite the letter carrier in to warm himself in stressful weather and to treat him to a piece of hot pie—which is really her own portion for which she had no appetite—whose business is it? Surely not that of the trained nurse who was on her way to the refrigerator. Yet when one of the “half-baked,” who will carry it as a piece of news, starts the smoldering fire, it blows a blinding smoke over the entire profession and causes the term *spy* to be applied.

Of course, when the housemother herself is ill, these troubles are much more likely to occur and the nurse has two conditions to face, the man of the family and the domestic helpers.

As to the man, unless he is an unusual and unthinking brute, pity him, for in proportion to his previous comfort, so is he likely to be down and out. If there are young children he cannot, when cornered, say, “Go ask your mother, she knows.” If there are none and he has enjoyed the doubly wonderful and complete union of body, mind and soul that mutually

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admits of no rival, he becomes the most illogical and difficult proposition to handle.

One of the usual household upsets, though not a disease, that formerly gave the nurse more than the usual responsibility, was childbirth at home, when, lacking women kin, the care of mother, new baby, and oftentimes the overlooking of both housekeeping and other children fell to her care. This happening now most frequently occurs at a hospital which, from the physician's and nurse's standpoint is all for the best. Yes, and for man and wife as well; that is as far as the *first* child is concerned, when unknown obstacles may have to be met and modern surgical appliance becomes necessary, and expense is of great consideration.

Yet in spite of the general upsetting of the home, there are many women who have had a first hospital experience who gladly later *revert* homeward in order that their later children may be able to say "this is the house where I was born." There should be mother-hearted nurses ready to meet these in spirit and in fact. I know a healthy, normal young wife, whose first child was born in a hospital, but who was searching for what the physician called "a good old time cheerful maternity with modern methods," to aid in the second venture. It was only the other day I heard her wail in these words:

"Hospital? Never again! The delivery was right enough, but afterward I felt homeless. They brought

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my wee son to me just so often as if I were a mechanical cow to be milked by a machine. He was kept in a wire basket, akin to the garbage holder in the sink, and they wouldn't let him stop with me long enough to be cuddled or for me to hear him creak and see him stretch with comfort. I had him only once all to myself and that was when a hot water bag burst and deluged nurse's clean frock and she had to go over to the Home to repair damages and forgot me for half an hour. I wanted to hug my baby and have him look up at me out of the corner of an eye. Else why not adopt one already laundered, starched and ironed, and not go through the tedious, trying producing process?"

Take notice, nurse! If you aid and abet the hugging, cuddling custom, belonging to home-born babies, you will never lack employment and you may ultimately aid in the rearing of a more home-loving race.

If the illness of the housemother is critical, the day nurse in particular will be the one to give lucid, but never exaggerated, explanations during the crisis. If the wife, thinking of her mate's dislike of solitary meals, requires it, she may preside at his breakfast and dinner. So comes another pair of crossroads. If the nurse "gives herself airs" at this time, green-eyed envy will be caused in the kitchen, especially if this nurse has no greater right by birth or education than her short technical training to consider herself

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a superior, and it is her conduct under such circumstances that always stamps her as a lady or the reverse.

At the table of the master, a nurse should neither sit dumb and glum nor break into babble when, by propping up his morning paper against the syrup jug, he signifies that he wishes silence. Do women in general allow a man to read at the breakfast table? *Certainly*; it is the most homey and informal way of starting the day. Under normal conditions it also gives the wife a chance to hastily scan her morning mail, before he goes to the office, and to ask his coöperation in anything necessary, such as accepting, or wiggling out of invitations that she might not like to decline wholly on her own responsibility.

One thing, dear nurse, you *must* avoid—the repeating at table of unnecessary details of the handling of your patient and the possible danger signals. These may seem of little import and a matter of course to you, but are disastrous when turned over in the mind of a male to whom, at best, illness in those he loves seems not only a great personal injustice from Providence to a well-intentioned citizen, but also something that makes him feel incompetent because he cannot double up his fists and fight it out to a finish. Therefore, if there is anything that needs practical action tell him plainly, but never irritate him by symptoms and possibilities. Be an optimist to the safe edge of lying (if there be such a thing), but for

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the sake of the housemother, your patient, keep up the master's spirits, for the downfall of Humpty Dumpty, whom all the king's horses and men could not put together again, is as nothing to the fall of the master of the house who loses his nerve through the illness of his mate; and the more that he realizes his helplessness the more he hates himself. So when the housemother is ill, this tactfulness is as important a phase of the case as that of following up the strictly medical side via physician and chart, for his breakdown will always react automatically.

"Gee, what a job!" exclaims the nurse of some experience, yet still young, attractive and full of that quality termed "pep" which, if used wisely, is the welcome dash of paprika in the salad of life. "If you are jolly to the man, half the wives don't like it or somebody else sits on you as being forward. I've tried it and I know."

You probably do know, young nurse, but keep on trying and you will find your critics fewer than those who are ultimately grateful. Even as a patient I have been criticised for an attitude toward my own husband that I consider merely rational and human, yet which some kind friends called "tempting Providence."

In a case of family illness out in the country, which was more or less confining to the nurses and more or less trying to my Man, he would often help me out by going to the village at night so that the

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marketing might be delivered betimes the next day. (Take notice, nurse, all foods required for the next day should be listed the night before and the list put in the proper hands, to save breeding trouble.)

In that quiet time of inaction, when the day watch went off duty and the work of the night watch was only nominal, I used to sit by the patient, and give both women a chance to go out together to the village in my husband's company. It was not very exciting, as there were but few shops, but the post-office and a soda-water dispensing drug store, served as bait and it let up the house-of-illness tension for all three.

Ah, yes, *Captain of the Watch*, where the house-mother is ill, you will have every opportunity to show your versatility and womanhood at the same time, plus your medical training, and you may acquire a new form of *psychobiological* analysis. You may do this by sewing a button on Johnnie's blouse; by telling the maid with a blinding headache to go to bed while you start the supper; by assuring the master, who is disappointed because his wife is too miserable and fractious to take interest in his business day's doings, that moods go with her ailments and that people are often crossest when getting well. You will add hugely to your bank account with life, for this knack, or tact, is an asset that will stand by you always and will prevent an age limit ever being set on your nursing ability.

XIX. WHEN THE PATIENT IS A MAN

With the exception of those infirmities that require lifting or those of the syphilitic chain, the most satisfactory nurse for a man is a woman. The male nurse, above the grade of an orderly, if he seriously grasps his calling and meets with success, is naturally drawn forward to the study of medicine. Other such men who go through their duties faithfully, up to a certain point, yet mechanically, seldom qualify beyond the place of a species of hybrid valet; they naturally lack the protective mother-element which is always the bed-rock foundation of good women nurses in their relations with men, whether they realize it or not.

Here is a case in point. A really brilliant young man belonging to a family of wealth, had developed a drug habit, from which, in spite of the desire he had to conquer it, he had not the strength to free himself. A train of lateral ills ensued which wasted his physical strength also, and made almost constant care a necessity. Institutional treatment being thought undesirable, two well-recommended, so-called trained men nurses were engaged to be his constant attendants, that it might be impossible for

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him to obtain the drug in any form. Much to the astonishment of the physician and family, he still obtained it. Finally a shrewd, but neither hard nor overbearing, trained woman nurse in the middle forties—one who at heart had pity for the man—was induced to aid in the investigation of the source of supply. In less than a week she discovered that it came via the men nurses, of whom the completely wrecked patient had an underlying fear at the same time he forced them to cater to his craving. It was the common sense and motherly viewpoint of the woman nurse that he trusted and that drew from him the pitiful confession, in itself a relief, just as it is with a bad child, who, after taking endless pains to conceal wrong doing, will often voluntarily tell the whole story to his mother.

The ability to nurse men lies not only in the training but in the temperament and understanding of the individual nurse. Therefore after a reasonable experience, Nurse, you should be able to answer, through self-analysis, the question whether or not you should take men patients. In short, if a woman has an overweening sex-consciousness that is always coming to the front, getting between her and her work so that it interferes both with her morale and her efficiency, she had best serve only her own kind. It is difficult to explain in words exactly what I mean by this sex-consciousness which is an uncomfortable handicap for a nurse, but I will try to make my

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understanding of it clear by citing a case that came into my experience, and by the different handling of it by two equally efficient women.

This man, a person of affairs, cultured and at home in any society, up to middle age had never suffered an illness which required other care than that of his wife and young daughter. Then the inevitable occasion arose at a time when his wife also was ill; and acute nephritis made systematic and charted care a necessity. Men, as I know them, are even more modest and reticent about the treatment of their bodily ills than are women, for women are necessarily accustomed to consult their physicians freely, and (unless they have the unfortunate sex-consciousness) without any sense of personality or reserve. To the physician they are cases to be treated, anatomical subjects in which he has, as far as the direct work is concerned, only a scientific interest. Between the man patient and the nurse, the situation is quite different. In such cases, the nurse, having received the orders of the physician, should be able to carry them out directly and quickly and not show any hesitant sex-consciousness without going to the extreme of roughness.

In the case described, Nurse No. 1 approached the embarrassed patient in a conscious sort of *treading on eggs* way, as much as to say, "I don't like or trust men much anyhow and I wish you to realize I'm a very particular sort of person, so you had better be

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very careful how you treat me." She also had the habit of blushing to the verge of perspiration without the slightest cause. To see her jerking about the patient's room, doing many unnecessary things in detail, glossing over the essentials of bathing and making needlessly prominent the other requirements of sanitation, almost paralyzed the man. Watching her, all the while red of face and uncomfortable, one would have thought her the recipient of positive insult. It was, however, an overweening sex-consciousness that made her on the constant lookout for suggestion, or anything that possibly might be construed as such. Finally, work grudgingly done, she sat herself down with an air of a martyr and stared at the wall lest she should be accused of being "unwomanly"! Save the mark!

Meanwhile the poor patient was miserable and lay there most of the time with the bed sheet drawn up close under his chin, foregoing many needed attentions rather than think out a safe formula with which to ask for them.

Presently the situation reached me and I saw at once that the nurse was of the wrong type. She did not know what the term "womanly" should mean; to her it merely signified a squeamishness and suspicion that invites unwelcomed attentions, quite as much as out and out boldness. The real woman is quite as comprehending and as able to hold her own graciously with men as with her own sex. By the self-

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conscious sillies, who are prone to have unhappy experiences, the unconscious woman is often referred to slightly as "a man's woman." Instead of a slur, this is in reality high praise, for it does not mean aggressive independence or the lack of any quality of real womanhood, but rather that complete understanding, that unconsciously believing "evil to him who evil thinks," looks for no evil and therefore finds none. Such an attitude allows the sexes to meet in the square and direct way which alone makes misunderstanding impossible.

Nurse No. 2 came. She was chosen with no little care by the physician who finally had a chance to observe for himself the temperamental unfitness of No. 1. During the brief interval between reigns he also had a chance to hear the patient's opinion of the nurse, which was spoken thus briefly: "The matter with her? Why, everything. Yes, she carried out directions to the letter, I suppose, but the way she did it! *Damn!* Talk about handling someone with gloves! Why she went about her work as if I were a leper, or as if she was simply waiting for me to insult her, which almost made me wish to. And whenever she was forced to look my way her stare made me feel as if I were stark naked and out in the cold! Has she never before come in contact with a gentleman, doctor?"

No. 2 was quite feminine in all the requisites, with a charm of manner and dignity of carriage that made

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the lack of what is called beauty entirely unnoticed. She made her entry as easily as if the sickroom were a business office. With a manner direct but free from brusqueness, she rearranged a few details which had contributed mussiness without homelikeness to the room and, while the physician was yet present, asked the patient if between times he liked to chat, to be read to, or be left quite alone. She suggested that he should feel as free to speak of the things he *disliked* as of the needs he wished fulfilled, for it was only in this way that his confinement (that of an active man) could be made endurable either to himself or those who served him.

A week went by and the physician, as well as the family, noticed the change in the man from a stiff, pent-up, gloomy restraint to cheerful naturalness, and remarked upon it.

"It has all come from that last Nurse that you sent me, Doctor. She is a regular fellow, a man's woman if there ever was one. She knows my viewpoint and steers by it. She lets me do whatever I can for myself with safety, and never for a moment makes me feel that there should be any embarrassment for either of us in her care of me, so of course there is none. Yet when at times I feel depressed, down and out, and all that sort of thing, no one could be more practically sympathetic. I can't quite analyze the exact quality. What would you call it?"

"The absence of visible sex-consciousness, the re-

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verse of the quality that makes most of the world's mischief. By that I mean she knows and sees through and beyond the biological differences, sets each in its true place, at its real value, and does not stop to play or experiment with issues that perforce turn up, or make generalities a personal matter. In short she is both a *woman* and a *lady!*"

Such a one may go through the Watches of Night or Day quite unafraid.

XX. THE SLOB, THE DEVIL, AND THE YELLOW CAT

(From the Experience Book of Barbara)

I. THE SLOB

When I write of things medical in this journal, I often wonder exactly who and what I am, for I often accuse myself of being not only double, but triple-faced, so often does my viewpoint change. Yesterday I was beginning to wonder if these notes would ever have any value when Dr. K. breezed in and reassured me by saying: "When this triangle is being viewed, you *must* be three-sided: physician, patient and nurse. As an M. D's daughter with keen eyes, nose and mouth, you are a sort of three-in-one useful lubricant, so say your say as freely as you can."

"Shall I record the Slob, the Devil and the Yellow Cat?" I asked.

"By all means," he chuckled over the remembrance of them. "They will perhaps be lighthouses on the rocks, bell buoys for those nurses who are not careful about steering."

"So be it then," I answered.

These three nurses proved in varying degrees, radi-

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cal exceptions to the type of the many women of high principles, efficiency and understanding whom I have met in the profession. One was the undoubted descendant, "bar-sinister," of Sairy Gamp, while the other two were marked, and, in a way, interesting cases of dual personality.

The Slob had long crossed the crucial line of forty when she rolled above my horizon. How much over the line, it would not be kind to say, but she was of the age when a nurse has either made good, has been side-tracked by circumstances, or has sat down heavily in one spot, a stumbling block in the path of necessity.

It was through Lavinia Cortright's Aunt Alexander that I became acquainted with The Slob. This dear old lady, long since a widow the going of whose less rugged family had left her well-nigh kinless, was beloved of many friends who found stimulation, instead of depression, in the ripeness of her more than four-score years.

Now, being near the end of her physical life, there came to be some little difficulty in nurse adjustment, a difficulty which I plainly saw came largely from the patient's side of the case, even though at the same time her own viewpoint was quite reasonable. This old lady had been quite normal, healthy and capable for four-score years; and, with a vision in advance of her day, had been a sort of consulting high priestess in all matters belonging to household management and

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sanitary regimen. It was therefore almost impossible for her to accept the necessarily charted and exact methods of the young up-to-date nurses who so often push theory ahead of tact in handling an elderly patient.

"Do you know," she said to me one day in a moment of relaxed and comfortable confidence, when the nurse had gone for a motor outing with her very best beau, "she wishes to put me through new paces as if she was housebreaking a puppy—*me*, when I have given hundreds of bed-baths in my lifetime, and who owned the first clinical thermometer possessed by a layman in the city, one brought to me from Germany by Dr. K. Don't you think you could persuade them to find an elderly nurse who could perhaps get my point of view and not try to teach an old dog new tricks? I have always been very cleanly and particular, but now, when I've had a poor night and am comfortably drowsing in the morning, I really think that I might be bathed when I feel like it and not at a specified time as if I was in a hospital; yet I hate to worry Lavinia."

This request seemed very reasonable—but—? There is a *but* somewhere in most things, especially in the nursing question. There was expected to be a *but* on both sides, I confess, for I'm always willing to be broad-minded, if only the breadth is not pushed to the extreme of formlessness, like too thin pancake batter running all over the griddle. Father always

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held that *too* wide open a mind, agreeing with everything, was a form of irresponsibility, an always wide-open door through which events and people drifted without let or hindrance, so that neither could be located with exactness.

Dame Alexander (let us so call her), having convinced Lavinia of her reasonableness, at last secured the middle-aged nurse and I, being one of the near-friend triumvirate, was delegated to help her chart the sea of her activities, without prejudice of youth or more modern training.

As I look back I see that I did not possess the non-partisan quality which was expected of me, but if I had been unbiased the first hour would have tipped the scales otherwise. As the nurse entered the door I noticed that she was quite out of breath, without cause, for there were but two easy steps from the level to the door, and her suitcase—a pasteboard affair with broken hinges—was carried by a small boy. Beads of perspiration were gathering into rivulets on her forehead; these she wiped off with the back of a soiled gray fabric glove before she proffered the hand it covered for a shake of greeting.

It was almost the hour for the midday meal when the nurse arrived. After showing her to her room, as the Dame was asleep, I left her to dress, thinking that her introduction to the Dame with a dinner tray would be an unembarrassed breaking of the ice for both. So, telling her to follow me as soon as she was

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ready, I went down to the dining room. I was schooling myself against first impressions but, having eyes, I couldn't help but see that she was very stout, and my nose more than suspected that she was bath-shy! Then there was a gleam in her small, flesh-bedded eyes that was *not* motherly, in spite of the fact that she had been a favorite maternity nurse in the neighborhood for many years.

The tray with its array of pretty dishes, covered and uncovered, had a shelf to itself in the pantry, convenient to the serving window from the kitchen. Extra napkins flanked it and several small flower vases, back of the water glasses, suggested their own use. Showing the array to the nurse I told her in a way meant to be casual, and not dictatorial, that Mrs. Alexander, though having a poor appetite, was *very* particular about her food, that she liked *piping hot* the things meant to be hot, etc.

"That would not be *my* way," said the nurse, standing back, hands on hips, while she surveyed the outfit. "Medium in everything, medium is my motto—tepid you might call it, no extremes, no shocks to the stummic, especially in the aged and children, like which the aged must be governed. Beside this there are too many dishes to be tracked; *I* should advise setting half of them away. That soup cup has no need of the plate under it if it sets on a bare tray, to which I adhere, as cloths slop easily and need frequent changes."

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"The plate prevents the soup and other bowls from slopping, that is why these are here. As to tray cloths, Mrs. Alexander *always* uses them, and if the nurse is careful there is little need of more than a fresh one every day." Then I led the way to the table, as the nurses always had their meals belowstairs. Before the luncheon had ended I felt convinced that, so far as I was concerned, the insistence of youth was a pleasant dream compared to the traditional persistence of half-baked middle age!

Lack of waistline (not the modern lack) kept the napkin on a constant slide to the floor, while in course of numerous retrievings broken gray hairs escaped from under the inadequate and backward set cap. A drink of water was taken at the end of the meal and sipped with deliberation, the last mouthful being used as a general mouth rinse before swallowing!

The chairs, old-fashioned and fragile, had rather high arms which arose with her, so "hippy" was she. Clumsily trying to free herself, the chair tipped over, falling to the floor with a crash that loosened one of the fiddle-back ornaments. "Old rotten wood," she ejaculated angrily as she picked it up with a jerk that threatened further damage.

When the tray was prepared I followed *her* and *it* upstairs. I had purposely left its arrangement to the nurse, after telling her of what the meal was to consist.

The Dame was awake. The chambermaid, who

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was always within call at the nurse's mealtime, had propped her up and arranged the bedside tray for the new arrival, whose first act was to rest the tray, not on the table, but on the patient's half-raised knees, causing the broth to slop over. As she was about to wipe a few drops from the cloth with her forefinger, she caught my eye and stopped short.

On the arrival of the local physician who had engaged her, I left, for the only thing to do was to let The Dame manage and criticise the tryout herself, her mind being acutely keen and only the flesh failing.

That night I gave Evan a sketch of the experience, touching it as lightly as possible.

"What is her name?" he asked. "Perhaps she can't help herself. Names sometimes strike in and have to work themselves out."

I confessed that I had forgotten to ask; the general term Nurse had seemed to encompass her.

"The 'Slob' seems suitable," laughed Evan, and as The Slob she has gone on record.

She lasted a week; how, I do not know. The details of the commissions and omissions during the seven days, as afterward told me by The Dame and Lavinia Cortright, were as follows: She spilled bath water into a freshly made bed. She washed The Dame's face with yellow laundry soap, instead of the usual careful wipe-off with Florida water. She broke the skin around a finger nail by jabbing carelessly

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with the orange stick to cleanse it, being too lazy to look up lost spectacles and not seeing what she was doing; she put three lumps of sugar into the tea instead of two, and hastily took out the extra lump with her fingers! She did not wash the clinical thermometer but wiped it on her apron. She handed tablets in the palm of her hand. Then came the end: two medicines were to be given at separate times, dilute hydrochloric acid *before* meals and a powerful solution of nitroglycerine *between* meals.

This day Lavinia Cortright was seated by the bed, writing some letters for The Dame, when The Slob brought the mid-afternoon potion and a none too clean drinking tube. Pausing in her work a moment while the old lady took the medicine, a matter about which she was rigidly particular in spite of the fact that she had little faith in its use, Lavinia was horrified to see her aunt gasp, choke, spit out tube, medicine and all as she cried: "She has poisoned me; I've never had this stuff before! Water, quick!"

A glass of water stopped the gasping which was half from fright, as really she had taken very little of the novel compound, for such it proved to be.

"What have you done?" Lavinia asked, rising and standing her full height over the now cowering lump of nurse. Though exceedingly fragile of stature and spiritual of face, Lavinia could show an almost magnetic force at times.

"I only mixed the acid and nitro together so as to

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give it in one dose and not bother Mrs. Alexander so often," quavered The Slob, "and maybe I was a little too heavy handed with the acid. I often put medicines together that way, for it saves trouble and as they get together in the stummic sooner or later, I can't see that it matters much," she added, growing defiant as she recovered herself.

Exit The Slob! The Dame requested, after her departure, that the room should not only have an extra airing but that fragrant pastils be burned, my suspicion of The Slob's bath-shyness having been completely confirmed!

The Dame, being philosophical and having a keen sense of humour, laughingly admitted that *years* alone did not develop a nurse's powers of comprehension if that quality had *never been there*. "There seems to be nothing for the old dog to do but try to learn the new tricks," she said, holding Lavinia's hand very tightly, but though there was a smile upon her lips, there were tears in her eyes.

"No," said Lavinia comfortingly, "I know a nurse who can blend the old and new so that you cannot tell the difference; I met her only this afternoon so I know she is free."

Then came Margaret, of the warm heart and cool head!

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2. THE DEVIL

Several months after the episode of *The Slob*, it became necessary to relieve the night nurse for a period and another was sent up. The new nurse had been so favorably known to Dr. Pollock during the first few years of her outside experience, that we all felt more comfortable in giving the beloved Dame into her charge during the night watch, than we would have had she been a stranger.

Six years of city life can work great changes in almost anyone however. Lavinia Cortright and I recognized this subtle change almost before Jacqueline R. (of Canadian French extraction) had been in the house an hour. The frank, straight-forward girl from the Provinces was only there in externals, while even these had changed from a soft, dark-eyed, half-hesitant and constantly blushing person with a face of rounded and pliable contour, to an exceedingly stylish and impeccable woman of thirty, keen-eyed and self-possessed. She now had an inflexible maturity of manner far beyond her years, coupled with a studied politeness. The attire and gestures struck me, who am a plain country-bred physician's daughter, as a consummate piece of acting. Lavinia, however, seemed relieved at not being obliged to introduce a total stranger to *The Dame* at this time

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when her strength was gradually ebbing; therefore I said nothing to her, but spoke of the change to Dr. Pollock who came up from time to time, more to cheer his old patient by his presence than by anything he could do medically.

"Yes, I've noticed it," he said, after a moment. "There are two strains, flesh and steel, in that woman, and the constant nursing of many patients (hotel cases in particular), against whom she has had to arm herself, has forged and sharpened the steel edge of things. Do you know, Barbara, that there is a steadily increasing number of people coming from outside into City hotels to receive advice and treatment from physicians of repute? The patients, having no deeply interested kin, are for the time quite under the control of the nurses who tend them. Oftentimes these nurses, having absolute command of a press-a-button-and-your-commands-are-carried-out service, are liable to be laws unto themselves, resenting all outside management. We physicians are also somewhat to blame, in that we are glad to have our responsibility thus shared, yet it is ultimately bad for the nurses themselves. Surgical operations are special triumphs for nurses such as Miss R. They are as cool, reliable, and ever-ready as an exact and wonderful piece of machinery. I should not have chosen her to tend and soothe The Dame, for there was so little to interest her in the case, but that Mrs. Cortright asked for her, and as it

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was only for night duty, it would make little difference."

* * * * *

As Dr. Pollock had said, there was little to do in this night watch; simply to be there, ever alert for the likely cardiac dyspnea to occur, or to gently stroke, rather than rub, the limbs that hardening arteries rendered weary to the verge of pain and were the cause of consequent wakefulness.

For over a week everything moved with clock-like regularity, and then somehow I felt that Lavinia Cortright was becoming uneasy. One morning she told me that she had resolved to spend a few nights at The Dame's home, and I asked the reason why, for it was only a threatened calamity that made Lavinia leave her husband. Although Martin did not appear old, he was well on in years and had that leaning, mental dependence upon Lavinia which often comes to men whose married life has been the continuous evolution of happiness, until the twain are so truly one that absence is unendurable to either half.

When questioned, Lavinia replied: "I cannot quite fathom the trouble from The Dame's words, so I'm going to see for myself. She says that when she calls, nurse does not always answer or when she does and Aunt asks to be rubbed, instead of doing it she scolds her and tells her sharply to go to sleep. I spoke about it to Miss R. last evening. She was

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not angry in the least, as I feared, but said that in cases of old age such as this there was often a wave of brain disturbance from anemia that made the patient imagine various things. If I had not caught a sort of panther gleam in her eyes and a tension in her nostrils, as if she was holding herself in check as I spoke, I should have believed her; now I'm in doubt. There is also a bit of taut feeling between Miss R. and the day nurse, who we know is all kindness. Well, we shall see!"

Two mornings later I received an early telephone from Lavinia asking me to come over immediately. On the way down I dropped Evan at the Oaklands station and, glancing through the window of the waiting room, I saw what seemed to be the figure of Jacqueline R., but as she was heavily veiled and evidently trying to keep out of sight, I could not be sure.

The door was opened by Lavinia Cortright even before I rang and father's partner was in the hall just putting on his motor gloves. The usually super-calm and well-bred Lavinia bore the marks of wrath both in her dilated and flashing eyes and her lace-trimmed, pale blue negligee, which was fastened lopsided and had a coffee splash down the front.

"She has gone! Didn't you meet her?" she gasped, being almost on the verge of tears.

"You had best take Mrs. Campbell in by the fire, have some fresh coffee made and eat enough break-

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fast to draw the tension from your head while you tell your tale," the doctor advised soothingly. "Not but that you have just cause for excitement; that woman is a devil. She gave me an uncomfortable feeling from the first, yet one cannot go wholly by intuition when in all externals and exactness she was a perfect nurse. Her scheme for entire control flashed upon me only when she insinuated casually that there could be better coöperation if both nurses were friendly instead of antagonistic, and hinted that if there was to be any change she thought it possible to obtain for the winter a nurse with whom she often worked and had found reliable." Herewith the doctor beat a retreat, as wise men do when they know that a woman is about to repeat with detail and fresh impetus a tale of woe, already thrice heard.

I made Lavinia drink the coffee, in which I joined her for companionship, and nibble a bit of toast before I would let her begin. Then I held one of her slender ice-cold hands between mine, gently chafing it, for there is nothing like the human touch to quell threatened hysteria and sometimes humanity lacking, even the touch of a dog's sympathetic paw holds its magic.

"After you left the other day, I saw how miserable and woebegone The Dame looked and she seemed to dread the coming on of night, though too brave to really complain to me, so I resolved to slip in softly during the night watch and see for myself.

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"I did not sleep well at first, then dozed off, but awoke with a start caused, I suppose, by the snapping of a fire log. The illuminated watch by the bedside said one o'clock. Felt slippers permitted me to go softly into Aunty's room at the other end of the hall. I took in the whole situation at a glance, even by the dull light of the night lamp. The nurse, comfortably propped by pillows in an easy chair, to which a smaller chair was adjusted to form a couch, was sleeping heavily, her loosened collar and other signs showing the sleep to be pre-arranged and not accidental. Then I went to the bed, carefully moving back the screen that shielded it from both light and draft. I need not have taken the precaution for silence, for poor Aunty was not only awake, but crying miserably though quietly, as she tried vainly to reach an aching limb to rub it. The hand bell was placed out of reach, on the mantel shelf in fact while the water glass had been thrown to the floor and broken in the vain groping for the bell. It was this sound and not the snapping fire which had wakened me.

"As soon as Aunty recognized me she clung to my hand and begged in whispers that I would not leave her. I soothed her, rubbed her legs and arms gently, then, as she relaxed, I turned her on her side and she fell asleep still holding my hand.

"Presently freeing myself, I went over to where Miss R. still slept. I made slight noises and even

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poked at the fire. It was plain that she was a user of opium in some form. This was confirmed when, after I succeeded in waking her, the eyes that peered at me, as through a dream, showed the pupil contraction which morphine gives.

"She started up, mumbled some sort of apology, logical enough, about her last case having been so exhausting that she was not yet thoroughly rested. She turned to the table where her midnight lunch, with electric plate for heating the coffee, was yet untasted. Pouring out a full cup of the cold and black liquid she drank it rapidly, then smiling and sweet, she thanked me impressively and graciously for calling her, assuring me that she would never let the incident be repeated and was again to all appearances the perfect nurse *en garde*.

"When I returned to my room, I was so bewildered by a sort of hypnotism which she gave forth that I began to doubt my own senses. At breakfast she was as much at her ease as if nothing had happened, strictly deferential and alert. The cook had burnt her arm badly; would I excuse her from the table that she might dress it? She did the dressing and bandaging with a swift and scientific finish that would make any young surgeon envious.

"Feeling that I never could quite trust her alone again, and yet wishing to give her the benefit of the doubt, I made up my mind to wait another day before

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changing, but to remain at my post and be on the watch.

"Last night I read until quite late, then went to Aunt's room, found her sleeping quietly, and the nurse just finishing her supper. Saying good night, I yawned visibly and left. Putting out my light, I went to bed but not to sleep.

"One o'clock struck; everything quiet. Two, still no sound; doubtless I was unduly suspicious.

"Three, I thought that I heard a sort of whimpering. I was down the hall in a second and had very silently opened the door which generally was not closed.

"At the bedside table stood the nurse, a hypodermic syringe in her hand, which she had evidently filled with liquid from a spoon that she was that moment laying down. Against the bed head crouched my aunt, huddled up like a frightened rabbit, terror on her face. 'Come, oh, come quick, she wants to stick that thing in me and I won't let her!' she cried.

"At this call Miss R. jumped in spite of herself, for she had been so absorbed that, her back being toward the door, she had not heard my quiet entrance. With an expression that was meant to suggest 'I'm telling you this in confidence' she said, in an aside tone, 'The dear old lady is so nervous that I'm preparing a hypodermic of sterilized water to see if the mental effect will not quiet her!'

"For a moment I could not speak, and paused until my wrath should cool and free my tongue.

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" 'The mental effect will be to make my aunt frantic. She has a horror of hypodermics of any kind whatsoever. The only one she has ever taken was given by a physician in a dire emergency, so that you are, by fright, doing her the greatest injury.'

"Suddenly it came to me that the liquid was *not* water, for an opened tube of tablets lay on the table which the nurse was making an effort to conceal with the cover of the case.

"Then strength came to my shaking knees and voice. 'That is not water you were going to give; it is morphine,' I cried, going close to her, at which move her protests of denial became vehement.

" 'Then if it is water, take the hypodermic yourself.' If devilish looks could kill, I should not be here now, Barbara. For a moment I thought she was going to strike me, as we stood glaring at each other almost face to face.

"Several seconds passed. Then with a laugh, half-mocking, half-hysterical, she jabbed the needle into her arm. 'Now go to your room!' I ordered sternly. 'I will stay the night out with Mrs. Alexander.'

"Slowly she crossed the floor to where her writing portfolio lay upon a chair with some knitting. While she gathered up her things I was distracted from following her movements by attending Aunty, who, reassured by my presence, soon became quiet, and as I fixed her pillow she said with a sigh of relief: 'Now you will believe what I've told you and you will send

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her away.' As I soothed her, ten minutes or so passed. Then I looked toward the nurse, who was sitting on the chair which had held her things, head in her hands, seemingly unable to move, in spite of several attempts. When I reached her she lurched forward and fell prone on the floor. The sterilized water *plus its heavy charge of morphine* was doing its work and it took the day nurse, who had heard the commotion, and two maids to get her from the room.

"Thinking Auntie would be sadly upset, imagine my surprise to hear her greet me with a cheery: 'That was good work, child. Do you know what I've been calling her to myself, The Devil. He is always hiding in somebody or something to try them out. In Bible times he was driven into pigs which ran into the sea and were drowned. Now, women seem to be his chosen lodging. Poor things, I pity them! They can't seem to avoid him.'"

So it was indeed "The Devil," disguised in the woman's form and trim attire that I had seen in the Oaklands station.

Nor was this her last appearance on the nursing stage. Later, having gotten in her toils a male invalid of good birth, but estranged from wife and family, she so over-maneuvered to obtain a large sum of money both by will and by double pay, that she was excoriated by the Judge before whom the case was tried, and the profession knows her no more.

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3. THE YELLOW CAT

A cat cleaning her whiskers, after lapping a saucer of milk and purring by the fire is a symbol of domestic comfort. The same cat, which with one leap brings the canary's cage to the ground and massacres the songster, without the excuse of hunger, is a household menace. So was it with the woman of dual nature about whom I have written in my experience book as *The Yellow Cat*. I do not know why the color "yellow," being that of the sunlight which alone makes life possible, should always be named to signify despicable traits, but so it is—"a yellow-curl streak"; he "turned yellow," and so on.

This nurse frequently crossed my path before I came in more personal contact with her at the time she nursed Horace Bradford's mother and came very near to disrupting a peaceful household above and belowstairs. She was very competent, would turn her hand to anything and was supreme in emergencies; but in long pulls or anything requiring tactful discretion, the yellow crept to the tip of her tongue, and sharp, cruel claws struck out of furred paws. We all should have known what to expect, however, from the way in which she told tales detrimental to her fellow nurses in the training school. These were in reality only the usual harmless escapades of youth, but they seemed quite different when described from

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what proved later to be the malevolent viewpoint of feline jealousy.

The extremes of her nature found vent at times in a terrible laugh, a sound keyed between that of a coyote's bark and a screech owl's quaver. This we attributed to nervousness. For men she was an acceptable attendant, direct and efficient, for she never showed the sex-consciousness that often makes it as difficult for the man to receive the necessary care as for the nurse to give it; in short, her strange nature was in a way in accord with the man's viewpoint, and for this quality father valued her. So far, so good; beyond that, she was all cat, the cat-and-the-canary cat. At the hearthstone she listened, misinterpreted, according to an evil mind, and went forth. Of one of father's most exquisitely spiritual patients, subject at times to sudden exhaustion from a perilous heart condition, which finally claimed her (though she strove bravely to carry on in the intervals) this Yellow Cat, when asked by solicitous outsiders as to the cause of these attacks, drew down her mouth, saying with the coyote laugh, "Heart; that is what Dr. Russell says. The morphine habit acts the same way!" The eager outsider of course picked up the suggestion and spread it in circles until it came to father by the usual circuitous route. However, this was not discovered until after she had nearly completed the weaving of the rope of mischief which

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would finally hang her, each strand being either a suggestion, or a positive lie.

When Sylvia Bradford was so ill in the hospital that her life hung in the balance, Horace at home and anguished either walked the floor at night or sometimes fell into a heavy exhausted sleep, his head on his arms on the table. Then the cat-tongue of this nurse, who was nominally keeping house for him, wagged, tempered by a scant shield of kindness: "The poor man, what he's been through all these years with that excitable woman! I did think there would be a divorce but I see I'm mistaken. Why, the poor thing is so upset about her that he's taken to drink. He comes home at night so soused that he falls asleep with his head on the dinner table"—another shrieking laugh.

It next came to father as the family physician that The Yellow Cat had spread far and wide the intimate details of a moving death scene when a husband, wrung beyond endurance by the slipping away of his young wife from his very arms, raved hopelessly. The happening was known to the husband and nurse alone and she broke a trust as morally binding as that of a physician's.

To Horace, who was doing everything possible to prolong his beloved mother's life, every day of which was precious to him in spite of her many years, The Yellow Cat said one night: "You are just prolonging her misery by having all this fuss and frills, nurs-

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ing, and specialist business. (She was not then in charge.) You'll have all you can do from now on to look after your wife. It's time your mother went anyhow!"

Then Horace, enraged for once in his life as only a quiet man can be, let the axe fall. Then the timid ones, who had seen the strands of mischief being slowly woven, came forward with their contributions, some of which found their way to Sylvia on her return.

Again did Horace sit, silent, this time not with his head on his arms, but upright in his big chair, his hands grasping the arms thereof, Sylvia, half crying, half laughing, hanging over him, arms about his neck. The last strand of the rope had been woven by The Cat whose innuendoes had nearly driven that household monument of good faith and family fealty, Martha Saunders (born Coogle), to a lawyer to start suit for defamation of character.

"Ah well," said Horace finally, "let it go at that. The poor thing is a Yellow Cat and, like the cat at feeding times, *seemed* to have a good heart, but it's a warning—not to put your trust in anyone who you know has sheathed claws," added Sylvia, slipping around to perch on the chair arm. So I left them.

The other day when Sylvia found me reading my old experience book for true data about my nurse friends she said: "I hope that I do not bear malice

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but *do* put in about The Yellow Cat, Barbara, for some people seem to be hypnotized by cats, and you know they have nine lives—and yellow ones have nine lives with some more after that.”

XXI. THE WATCH OF THE MERCIFUL SLEEP

(*A Story by Barbara*)

I. The Operation

When Sylvia Bradford knew, beyond a doubt, that to be her happy, healthy self once more, she must undergo a serious operation, the next questions were when and where?

Horace could hardly speak about the matter, so appalling was it to him that such a thing was necessary, for he had always been a scoffer at what he called the fad of cutting up people, and it was only after watching his wife during a time of pain so acute that she could not conceal it, that he allowed his optimism to be swept aside by Dr. Geoffrey's, "If it is done now, in a year she will probably be a well woman; if not, in a year it may be too late at the rate things are now going."

Even then it was the *probably* that stuck in Horace's throat. The X-ray cannot be trusted as true to form in the matter of gallstones, though the symptoms were certainly there. Yet neither Dr. Geoffrey, the best and most decisive surgeon in the State, nor

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Dr. Lake, the famous New York surgeon whom he called in consultation, could be sure whether the trouble was a straight-away case, or if at the critical operative moment, complications might be found. For this reason, neither surgeon would consent to operate at the Bradford home, so there was again delay and much parley, for Sylvia, though devoid of personal fear, was apprehensive of the effect upon Horace of her absence and the dread accompanying it.

As she must leave home, Sylvia, for some shy reason of her own, chose the far-away city rather than the more intimate hospital at Bridgeton; perhaps it was that she did not wish to have any of the familiar neighborhood surroundings associated with the experience. Also it is a strange thing that dwellers away from large cities always seem to feel that, as a matter of course, the city product is best whether it is in millinery or surgery, and in this Sylvia, though city-bred before her marriage, was no exception. Then too, as it was decided that Dr. Lake was to operate, his special hospital was naturally chosen.

"After the first few days, recuperation depends more upon the nurse than the physician," Dr. Geoffrey had said to Sylvia.

"If I could only fly home then," she sighed wistfully. "I do so wish that I could have a nurse from home, but I suppose that cannot be!"

"I will send you one tomorrow for a week or two

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to build you up and get you in shape and if you take to her, as I think you will, the rest may be possible," Dr. Geoffrey said cheerfully. "But remember a surgical nurse, like a surgeon, is born and developed, not made, and is not precisely the same as the usual medical nurse and you must make allowance for differences."

About this difference Sylvia questioned father the next time that we called at the Bradfords' on the way back from one of our lovely autumn trips through the Hill country. Father, of necessity, had come to use a motor car, but when we two went out for pure pleasure we surveyed the country from over the mobile ears of a pair of horses, and hope to do so always, unless the species becomes extinct.

This day we had driven through the glen, quite through the pine woods, and had stopped to share with Sylvia a treasure trove of ground pine, winter-green, frosted ferns and winterberry. She sat on the south porch watching Horace pulling out the dead summer flowers in order that the jolly yellow, red and golden-brown chrysanthemums might have their turn at bowing and beaming on the passerby.

"Why should I find a surgical nurse so different from those we have had in our few little illnesses?" Sylvia asked, turning full upon father eyes that had been intently watching the putting to bed of her own particular summer garden. A too deep flush in her face and a certain veiling of the brightness of the

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eyes, told him of the slight but persistent feverish condition which must be overcome by nursing and rest before surgery could safely be attempted to remove the cause. "Dr. Geoffrey's Miss Abbington is coming in the morning and I want to like her and to know how to treat her for the sake of everybody concerned, you see, Dr. Pilly-Cat Russell!"

Father smiled, as she used her odd childhood name for him, a title that came out of the clear sky of her fancy, one day in the *Beforetimes*, when he had brought a fascinating maltese kitten as a reward for the successful swallowing of a very big, sticky, home-made, calomel pill. Drawing his chair close to Sylvia he raised her hand and held it between his own, that little hand which showed high pressure by the drawing of the skin between the finger lines. Here indeed was a new and refreshing point of view on the part of the patient, the desire to understand and fit herself to a nurse whom her physician had proclaimed thoroughly competent.

Then balancing his glasses on his fingers, father spoke slowly as if lecturing. "The one-hundred per cent surgical nurse, like the great surgeon, must always have the main issue well in sight, unhampered by trivial details and unimportant happenings, while at the same time no detail must be passed by which danger might be foreshadowed. The serious surgical nursing case is usually shorter than its medical prototype; consequently the strain upon the nurse is

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concentrated and more severe while it lasts and demands between times an equally vigorous reaction.

"For the surgical nurse on a private case, or as an outside 'special' in a hospital, there is no sitting about, no self-excuse of 'some other time will do,' or 'I forgot the one o'clock powder but I guess it won't matter; Doctor didn't say what to do in case of an unexpected rise in temperature; if I phone him he may be angry, so I'll wait; I guess the rise is just from fussiness anyhow.'

"Without being unsympathetic, the surgical nurse **must** never let her heart run away with her head. Without appearing to take special pains or to enforce harsh restrictions, everything about herself and her patient must be as exact and clean as the surgeon's instruments, while above all, she, like the surgeon, must inspire confidence, absolute and complete, if the patient is to relax and give herself up mentally as well as physically, without opposition to either the merciful sleep of ether or the after-treatment, a *giving up*, that has nothing in common with the ordinary *giving way*."

"You mean that she must be an unbreakable link between surgeon and patient," said Sylvia slowly, in a retrospective sort of way. "I only hope that her superiority will not shame me."

"Shame you?" and father laughed that short, dry laugh of his in which I could always detect a note of good-humoured sarcasm.

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At heart the really good surgical nurse is usually the most truly human of all her tribe. In her hospital years she is not unfrequently the black sheep of her class as far as technical deportment and impatience during lectures go. She may qualify in the operating room every time and yet be the despair of the Superintendent of Nurses.

To one who has a surgical temperament, many of the necessary but petty rules of the training school seem on the same plane as the chalk powders and bread pills of the polite but temporizing physician. The longer I live the more I see that it is most frequently the *Blotting Paper Nurse* who slips smoothly through the training school, absorbing and forgetting with equal ease, never disturbing the Superintendent's dignity by asking difficult questions in or out of class, because she never assumes the responsibility of thinking, but relies wholly upon others. People doubtless say "she is so amiable"; yet when this nurse goes out on her first case, if it be a serious one, heaven help the patient!

Presently, Sylvia said quite cheerfully, "If it were not for the aversion one feels for the unknown, plus a hospital, I could understand that this experience might prove very interesting as a study in female temperament. What sort of a *Captain of the Watch* do you call the one I am to have?"

Her words were for father, yet she turned to me.

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"A Captain of the Merciful Sleep," he answered thoughtfully.

"That's too solemn; it will do for Sundays and very best," I hastened to say. "For every day *I* should call her The Backbone," and as such she came to be written with an addition both in my experience book and even more clearly in my memory.

Sylvia was tired, not ill or in pain, she told Horace, as he stood by her, uncertain whether to go or stay. She would be a bit lazy and presently get up before Dr. Geoffrey brought the nurse who was to pull her together.

Then she trailed off into a half-sleepy state, wondering if a surgical nurse would brush one's tired head and rub one's legs with the smooth down-the-calf stroke that makes cold feet grow warm. Or would such longings seem trivial to a *Trained Backbone*?

Presently the buzzing of the doorbell startled her and, while she wondered if it was being answered, the doctor came through the door which, but partly closed, was thrown wide open by his vigorous knock.

"Bradford phoned me that you were alone so, to ease his mind, I promised to bring you a companion at once. Come in Miss Abbington." A shadow passed the door crack and then the figure stood quietly at the bed foot, not clinging to it or even touching it as did the Blotting Paper Nurse of restless fingers.

A little above the average height of women, broad

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of shoulder, with no superfluous flesh and yet not *angular*, dark hair and brow, eyes that looked heavy-lidded through their rimless glasses, a bit of a tilt to her nose tip, Winnifred Abbington looked down at the young woman lying in the bed, saw by the twisting of her feet beneath the spread that her calmness was forced, and smiled. It was neither a conventional simper nor a grin, but had a comforting and bracing quality that Sylvia felt at once, while at the same time, she noticed lines at the corners of lips and eyes which said that no uncertain character was there; that, in time of great stress, they would narrow and lengthen while their owner held her own, with silent but almost tigerish intensity.

After Dr. Geoffrey had given his orders and left, Miss Abbington, in her white uniform, came from the room that had been prepared for her. With a questioning look, she held toward Sylvia the cap that was in her hand instead of upon her head, and met an emphatic head shake of NO from her patient.

"I must wear it when we are at the hospital," she said, "but Dr. Geoffrey has told me to be as informal as possible when we are at home, both now and when we return, and though I am going to chart you (and she held up a sheaf of papers with the fine-ruled lines), it is more to help my memory than from any serious importance, and by and by it will interest you to look at it."

Thus from the moment of her arrival, she began

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to take Sylvia's mind forward over the bridge of the operation to the happy road of return. For, in common with many other really intelligent people, Sylvia Bradford's vision saw no farther than the operation and, though she would have denied it, her nerves were building about it an impenetrable wall of dread.

"Wouldn't you like me to rub you a bit before you get up? Your hands and feet are both cold and fidgety. Or perhaps you dislike being touched?"

"Oh, no, it is what I've been longing for, but I was not quite sure that *Backbones*—I mean surgical nurses—rubbed people, that is, that they would feel that it was vitally necessary."

"Backbones?" queried the nurse.

Then Sylvia, realizing her own incoherence, laughed both naturally and heartily as she explained, and the human element, touched with fun that crept in to bind the two, bode well for patient, nurse and surgeon.

"I surely cannot call you The Backbone," said Sylvia after they had laughed it out together, "so I think that Miss Abbie will be best. Abbington was the name of my first school teacher, and if I say it often I shall dream that I am working at my lessons, mathematics especially, and I always had a tussle with them." So Miss Abbie it was, except on the very rare occasions when a mere trifle of authority was necessary on the nurse's part, when Sylvia would

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say, "You are getting cross, Miss Backbone," and the threatened tension would vanish. Finally "Miss" also dropped away unconsciously.

It was natural that Sylvia should talk of her ailment and ask Miss Abbie all possible questions and reasons why her liver had chosen to furnish material for the torturing gallstones. For, as his patient had a reasonable intelligence, Dr. Geoffrey had explained the case as he went, just as father makes it a point to do when he is sure of being understood. Medical jugglery of symptoms and terms so often bears the fruit of distrust in the patient, while a direct and simple explanation of cause and effect is usually both convincing and soothing, enabling the patient to aid by coöperation rather than, as it were, to stand in her own light.

To have avoided the topic altogether would have set Sylvia wondering what mystery was being withheld, but Miss Abbie steered clear of the rocks and shoals and talked cheerfully, but in a very sketchy manner, all about the similar cases which she knew had had happy endings. Yet, had Sylvia realized it, she never mentioned a name or gave the smallest peep hole into the really private family life of any household where she had held sway. This is one of the arts that should early be acquired by a *Captain of the Watch* of any kind, the art of easy, tactful conversation, dwelling as far as may be upon the many merciful healings, never gloating upon the weird and

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abnormal, never betraying by word or even thought the confidence gained in the sickroom, nor anything that is to be shielded in the life of the family. For it is because of illness alone that she is admitted to that inner circle at its "period of least resistance."

Nurse-on-your-first-case-outside-the-hospital, do not let yourself begin the gossip habit for it is the first step in sliding down an icy hill, almost impossible to reascend for a fresh start. Remember your responsibility, your word, will have twice the weight of the casual caller, at least in the minds of the average person. A little slip may produce the statement: "Miss —— said so and so; it must be true because, you know, she is a Trained Nurse and knows all the ins and outs of the family." Leave it to the few and far between Yellow Cat Nurses who soon brand themselves. Let them clutch and claw each other professionally and yowl their ribald jealousies and twisted viewpoints from the backyard fences of their usually innocent and unconscious victims. Do people believe them? Yes, far too often, just as they believe irresponsible and often impossible news, because they see it in a printed paper of usually no standing.

* * * *

One, two, three weeks went by before Sylvia was declared in shape for her journey. During this time the greatest trouble had come from nominal friends who persisted in making visits of semi-condolence, to say the least, until at last came a call from a particu-

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larly persistent woman, who chanced to be a nurse employed at times by the family. She was one of the uneducated nurses of the old régime, and Miss Abbie found her patient on the verge of collapse because of the crude, nay brutal, questions and suggestions of her visitor. Miss Abbie's eyes narrowed warningly and she asked with her peculiar drawing of the lips, "Do you really wish to see all these people, Mrs. Bradford, or do you think that I know your friends well enough to take the responsibility of picking and choosing for you?"

"Oh, if you only would," cried Sylvia, clasping her hands in nervous entreaty. "I am neither blue nor morbid, but I do crave rest and quiet now; in fact I'm hungry for it."

So after that people came less frequently, and those who did not or would not understand, went away muttering about "those upstart nurses," while the collapse-maker, knowing the lay of the house, tried to slip in by the back stairs, only to find the door topping them locked from the inside. Yet Miss Abbie was always cool, collected and perfectly civil, but of her backbone qualities foes and friends alike soon became convinced.

Then came the day when what Sylvia called her "trousseau" was packed and a little procession of four, Sylvia, Horace, Miss Abbie and myself, slipped away over the hill road in the doctor's car to take the express from Bridgeton for the city. Dr. Geoffrey

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was to go down the next morning as an onlooker, because the rules of the hospital would not allow him to assist, while Miss Abbie would also be an onlooker until the operation was over. It was considered a sufficient concession to allow an out-of-town nurse to "day-special" the case outside of the operating room, though the "night-special" was of their own choosing.

After the hospital was reached, the various adjustments made, and the time come for Horace and me to leave (we were to stay over with Lavinia Cortright), there was a moment of tension from which none of us seemed to pull away. It was Miss Abbie's voice that broke the spell, saying quite casually as she unlaced Sylvia's shoes, "I've forgotten the bedroom slippers, Mr. Bradford, will you get us a pair tomorrow or next day? The easy-to-slip-on sort with no backs, made of Turkish crash. Mrs. Campbell will know what I mean."

"Frogs' feet, Evan calls them, because they let your feet spread out like a frog's, so that you must either shuffle or hop," I said. "Yes, I will bring a pair in the morning," for all poor Horace could do was to back toward the door unable to raise his eyes to his wife's face. But the suggestion that The Backbone had started was cheerful. Slippers meant not only Sylvia sitting up, but able to take steps once more, and as the door closed upon Horace he carried with him a picture of his wife sitting quietly by her

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bed half laughing and spreading her toes inside her stockings after the manner of frogs' feet.

After Sylvia, supperless as a matter of course, was ensconced in the stiff, high, hospital bed and the Superintendent of the private floor had told Miss Abbie at what time the house surgical nurse would come in the early morning to prepare the patient according to the regulations; and after the cot whereon Miss Abbie was to sleep was brought in as a special privilege in order that Sylvia, who did not need active attention, might still have the consciousness of human companionship upon which Horace had insisted, the door finally closed for the night. Then Sylvia at last realized that she had come to the path which above all others she must tread absolutely without kin.

Had she been ill and dying, her hand might have been in Horace's grasp. This was the deep loneliness of life itself. Fumbling for a little purse that she had put under her pillow, she drew from it a crumbled note written in blurred characters and addressed to Horace. Reading it slowly, she looked up from time to time to see if the nurse was watching, but she seemed absorbed in putting away the clothing in closet and bureau drawers.

Twice Sylvia tried to speak, failed, and lay back with closed eyes. As she pushed the paper back under the pillow, a hand was laid on hers. "I think that you would like me to take that little note and

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keep it safely until you feel better. See, I'll put it in my handbag in this top drawer so you may have it any time you wish. How did I guess? Because it is a very natural and usual thing for one to do, especially one who has no woman kin and who knows how the unnecessary keeping of such a paper would work upon a man's mind."

Then Sylvia went to sleep from pure weariness and the last thing she saw was Miss Abbie's face outlined against the ugly, faded, greenish wall. It was also the first thing she saw in the morning, but the light fell upon it differently. Then when all was ready and the little white covered cart moved to the elevator on its way down to the operating room, Sylvia closed her eyes in perfect calm. A hand took hers; she looked up quickly and then closed her eyes again. It was Miss Abbie, her *Captain of the Watch of the Merciful Sleep*, walking beside her.

The rubber-tired wheels moved silently, then paused; there was some moving and lifting and a murmur of voices, but Sylvia did not again open her eyes. A voice said, "breathe deeply and slowly." With the first breath, a wave of soft light seemed to fall and then she floated into the Merciful Sleep.

O, Captains of this Watch, if you are faithful, you are women to be honored; and no one who has passed through the sleep upon your strength and courage, will gainsay it.

Before you leave your hospital training you can-

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not really feel or know your future responsibility, beyond that of obeying orders. Even in "special work" in a hospital there is a wholesale quality; the case is paramount to the patient, and it needs must be so. The people come into your hands and, if they have homes, go away again at the first possible moment. You have no before or after link to join them with the human outside world or to yourself. For as a hospital is unquestionably best for many operations, so is it unquestionably bad for the recuperation of those sensitive natures who love their homes. In the hospital your work is labeled in your mind, appendicitis, complete hysterectomy, or whatever the case may be diagnosed, rather than the fact that it is Mrs. B. who is ill and has left home with no one to properly care for her family, and so forth.

When, however, you step out to your first truly private case you will feel doubly beset and tried. On the one hand, you do not have the complete resources of a hospital upon which to lean; on the other hand, you must consider the patient not as a case (horrid word), but as a member of a complex family. Small wonder then if you make the mistake of either losing your head through sympathy or the reverse, becoming a thing of stone. If you have the surgical birthright, it will stand you in good stead, but if you have not the quality of patience, that is in itself practical sympathy; if you cannot see the human being, the soul in and outside of the anatomy at

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which the surgeon's knife is at work; if you cannot comprehend the *being* that must not be wounded even if the organs and tissues are rent; then go back to the bottles and plasters and pills of hit or miss medical work—a *Captain of the Watch of Merciful Sleep* you never can be.

* * * * *

Sylvia stirred; her hand fingered the heavy sheets of the hospital bed. How disappointed she felt; somehow she dreamed that she had been well on the way to the operating room. To find that she had not yet started was appalling. What a disagreeable taste there was in her mouth; she would ask for some very cold water. It must be still early morning for the room did not seem to be very light. She would try to sleep a little longer and forget her disappointment. Again she stirred, this time the thirst being pressing. A ray of sunlight slanted across the bureau and made prismatic, shimmering colors on the mirror edge. "Things often do this in dreams," she thought. She tried to raise herself upon her elbow, but she was too heavy to move and her feet seemed to be raised higher than her head.

At her slight stirring Miss Abbie stood beside the bed and at the same moment the tall form of Dr. Lake appeared behind her. "There were no complications; everything is all right and you are doing finely," said his rich, cheerful voice as he leaned over Sylvia.

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"Is it over? Then why don't I vomit?" she piped in the shrill voice of a mouse. "I thought ether made you do it."

"Because vomiting is quite out of fashion," replied Dr. Lake, smiling.

"Could I have a drink?"

Miss Abbie's hand supplied it, in the form of chips of ice.

"Does Horace know?" was her next question.

"Yes, and he will be here very soon."

"Oh, that is so good! Now I will sleep a little more," and she tried to reach Miss Abbie's hand with hers. Then only did The Backbone unbend and, stooping, she kissed Sylvia on the forehead, while a pair of unshed tears hung at the corners of her eyes—eyes that were now round and human with never a slant, for she had seen Sylvia and Horace together in their home, and *she knew*, for she was a true woman!

XXII. THE WATCH OF THE MERCIFUL SLEEP

2. The Return (A Story by Barbara)

When the Merciful Sleep was over, together with the martial excitement of the operation, then began the long pull. Dr. Lake's magical elimination of the cause would not have availed alone, unless Nature could be allowed free scope to knit the severed flesh and heal her child, and the one who cleared the way was The Backbone. In fact she came to remove obstacles so swiftly and unexpectedly that Evan dubbed her "The Blizzard." Not that she handled Sylvia alone, for there was a *Captain of the Night Watch* as well, during all those weeks at the Hospital, for Horace was determined that no means of cure should be lacking. Yet within the scope of the Day Watch, from seven to seven, lay the chief responsibility.

The Night Watch was a charming young woman of the Hospital's Training School. Refined, cheerful and tactful, who Sylvia, who found her very sympathetic in the hours when sleep was almost impossible, and yet anodynes were not

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thought best. She never closed her mouth like a steel trap after the manner of the Yellow-Cat Nurse when she thought a patient troublesome. She never said: "It is *time* you were asleep and if you can't sleep you must keep quiet and not speak to me; and if you do I shan't answer." Instead this *Captain of the Night Watch* would smooth and arrange the pillows and rub "tired" spots with endless patience. Afterward when she found that her patient had a fantastic sense of humour and an eerie sort of imagination, she would gather whimsical bits of fun from the weekly papers and tell or read them softly, in a confidential sort of way, which had the double effect of taking Sylvia out of herself and making her feel that she was receiving very special attention. Once, when Sylvia had what she afterward called a "mixed Kipling night" and insisted that nurse either take a walk through the Jungle Book, or with wide eyes and broken voice commanded her to go to Danny Deever's hanging, she even replied that she would go willingly only that it would be a long walk and her shoes were new and tight. She suggested instead that it would be more amusing to stay where they were and wait and see what the British Army did with the "Elephant who stopped the pass." So poor feverish Sylvia was diverted from the tragic to the comic and led far away from hangings and Kaa and the hooded cobras, which seemed to sit at the bed foot, wagging their wicked heads at her. Then through a

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tactful and innocent sort of nursery play of, "Someone knocks at the door, guess who it is and I'll let him in," Sylvia would fall off to sleep with a smile on her lips that remained until she awoke next morning.

In this case, a technically disciplined, but cut-and-dried nickel-in-the-slot nurse, after vainly insisting that the patient try to go to sleep, would have charted as delirium that which really was only a superactive mentality, distorted by strange surroundings. She would have noted the temperature, and, upon the strength of the rising silver line in the thermometer, and the fact that this was a *case of Dr. Lake's* and therefore not to be treated in the casual manner of the wards, either public or private, would have sent for the house physician, who in his turn would have doubtless given a hypodermic of some sort, the effect of which would have been an aftermath of depression to greet the *Captain of the Day Watch*.

Yet in spite of all this understanding, it was of The Backbone and her return that Sylvia first thought when she waked at seven o'clock in the dim twilight of early winter, and heard the babble of voices in the corrior indicating that the Day and Night Watches were changing places, sounds that no rules or penalties can ever wholly suppress. In a minute Miss Abbie would be standing there, fresh from Lavinia Cortright's house where she spent the nights that she might take the last word to Horace

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and bring a return message. For, without realizing it in detail, Sylvia had implicit faith that, while Miss Abbie was within call, nothing evil could happen.

There was no hurry, no having the night nurse do bathing and fussing at a time when Sylvia could take a nap or doze comfortably, no hard and fast rule of what belonged to either watch, simply coöperation for the comfort of the patient. If there was anything imperative to be done, it was accomplished as soon as possible and then came breakfast, a trying meal to anyone not well, and especially so in a hospital, but transformed by The Backbone's skill.

Have you ever met anyone with experience as a hospital patient who, looking you straight in the face and with no courteous motives for prevarication, said, "The food there was perfectly delicious and I enjoyed my meals?" No, I am quite sure that you have not, for, as a physician's daughter, I never have seen such a person, nor has father as a physician.

Why is it that the administrators of a hospital who can maintain a perfect, sterile, up-to-date operating room, spotless wards and fairly homelike private rooms, together with competent training schools, cannot furnish anything better than railway station meals? The ward complains that the stew tastes like boiled dish towels, and the private patient insinuates that he or she must have received ward food by mistake. Those unable to have tidbits brought from outside growl and pick a bite here and there;

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those who have friends simply ignore what Sylvia termed "mess" and say little about it until they get out; and then!

It must be because such food is a sort of wholesale affair, and the cooking suggests a wash boiler with the wash imperfectly eliminated, while a sick body, be it rich or poor, is an entirely select and retail specialty and should be served as such. Ah, I know of one exception, a hospital at the mention of whose name, squab, crisp lettuce and plump ripe blackberries float before my memory eyes; yes, and clear-just-so coffee! I'll not tell its name for fear of overcrowding for its rooms are never empty.

It was at this juncture, when Sylvia demanded something "to chew," that The Backbone, true descendant of a canny Anglo-French grandmother, demonstrated that, as a side issue to a surgical temperament, she was a that-is-very-good, -I'd-like-some-more cook. As she was an outside special in a satisfied-with-itself hospital, it did not come within the scope of her regular duties thus to create little meals, but there was a gas plate in the tiny serving pantry, belonging to the surgical private; and, well, The Backbone played her game for all there was in it for *her patient's comfort*, and for Sylvia, food that she could relish was a necessity. So instead of tea that had soaked as long upon its turbid leaves as if it were a broth brewing, Miss Abbie produced a fat brown earthenware pot which Horace had smuggled down

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from Mother Bradford's, together with a caddy of good clean-flavored breakfast tea, and thus equipped produced the cup that cheers. How different from the one that embitters, through turning the beverage from the making pot into the serving pot the moment the "magic three minutes to draw" were over, so that the first cup and the last were of like flavor.

"We don't have to bother to do that, not but what the tea is lovely," remarked a Blotting Paper pupil nurse who stood watching her. "The worst of that sort of thing is that if you get *cases* in the way of such finicky things they will always want them," she added apologetically as she noticed the panther-narrowing of Miss Abbie's eyes.

"And why should your patients not only want these little attentions, but *have* them, so long as they are not too ill for you to spare the needful time?" she asked, enunciating very distinctly, one of her ways of expressing disapproval.

"Oh, I don't mind doing extras if I like a case," the Blotting Paper Nurse hastened to say, "but if you do things, the other girls kick and say you are laying out more work for them, and that it makes people impose on you; just like sewing on a button and the next thing somebody'll expect you to mend the whole laundry, or make a kimona!"

"It is equally your own fault if your patient is neglected or if you are imposed upon," snapped Miss Abbie, as she beat up a frothy two-egg omelet for

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Sylvia, keeping it in motion until the gas plate was free of the bread called "toast" that the Blotting Paper Nurse was burning.

The regular supper served for Sylvia that night had consisted of a soggy patty, in which a brown-paper compound served as the pastry to hold a portion of the wooden leg of a fowl, cut in blocks, the same being augmented by a fried sweet potato and a saucer of very durable canned cherries. The Backbone had shuddered and, setting the articles aside as an extra lunch for one of the very sturdy floor nurses who had a country appetite, she had set to work and, as she called it, knocked up out of next to nothing a supper that was eatable.

"I guess my case would relish an omelet. I've a good mind to make one, only it's sure to be tough," ventured the Blotting Paper Nurse, as The Backbone stalked out with her tray, the teacup topped by a saucer whereupon was a warm, freshly roasted apple which had been managed in relays of cooking, when the overworked gas plate was empty.

"What is your *case*, a box or a barrel?" she asked with a grim touch of humour that made the comprehension of the other woman dawn.

"Oh, it's just a habit to call them that. He's a dear old gentleman with nice white hands and very polite ways. If he wasn't a chronic and incurable, I could quite like him."

"Poor soul! All the more need that you should.

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I'll come back and help you in a minute, for Mr. Bradford is there and will give his wife her supper."

So after explaining to Sylvia, The Backbone returned and gave a practical little object lesson, which resulted in the poor old chronic sending some roses to the lady-of-the-nurse-who-made-the-omelet, and a proxy friendship sprang up between the two people, the one treading back to life by slow but sure stages, the other who was being rather grudgingly tolerated because he could not be cured and yet did not die. And though it sounds like a fairy-tale, the little touch of human comradeship was the needed force to start the flagging spirit anew, and the stomach responded under the tonic of tasty food, for the Blotting Paper Nurse had a change of heart and method, and, strange to say, the "chronic" left the hospital a few days after Sylvia and enjoyed another short lease of independent life. We found this out later, for he proved to belong to our own Hill country and had been father's patient years before. So the circles swing around.

In other ways also did The Backbone prove her title, both inside and outside of Sylvia's room, even though the Great City hospitals, in theory, look down upon those trained outside their walls. It was only the next morning that an old graduate, who had been chiefly on travel cases and had grown stale in surgery, begged the outsider to come in and show her how to manipulate the "Murphy drip" which she could not

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manage. She would not ask aid of one of her own training school, saying in explanation, "The young nurses are so cruel to those whose day they think is over, seeming to count our working experience as nothing."

In the narrow life of the hospital convalescent, the daily visit of the surgeon, who does his own dressing, is the great event. Before it happens, everything is secondary to the preparation for it. The first tap on the door comes from the Floor Surgical with her tray of dressings. Sometimes these come in a little cart, but, as Sylvia was so very thoroughly "specialized," she had a separate covered tray which was placed upon a table all its own.

At this first sign of the approach everything was made ready, the top sheet folded down just so that no time might be lost, and then Sylvia kept moistening her lips nervously, with her eyes fixed on the door.

A second knock, this time with vigorous, manly knuckles, and the procession entered. Dr. Lake first, then the House Surgeon, followed by the Head Surgical Nurse, whose wholesome, perennial cheerfulness was in itself a soothing dressing for Sylvia's tense nerves, for this day, the sixth since her operation, she had made up her mind to ask how soon Dr. Lake thought she might go home.

"Go home? As soon as you can walk from the bed to the bureau and can get along without this little drain tube," he said. Then Sylvia felt discouraged,

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for she was still lying as flat as a paper doll. Then The Backbone saw a look of resolution replace the rather chaotic expression which Sylvia had worn since coming to the hospital, and she knew that to restrain her patient would be her task, rather than to urge her to action, as is so often necessary.

When the day came, after some experiments in sitting on the bed edge, that Sylvia was allowed to put her foot to the ground, she looked at the things that had been strong, active legs but which now seemed boneless and would not hold her up. Then sobs tore her throat. But The Backbone reached out a comforting arm and said, "You must not mind that, for you are doing wonderfully well; so many people are faint when they first stand up or try to, and your head is perfectly steady." Then, when the ten allotted minutes were over, and Sylvia was glad to lie down once more, hope had lent such a clever hand that she did not realize that she had not borne her weight on her feet at all, let alone taken a step, and they had computed that it was fourteen steps to the bureau.

One thing with which The Backbone wrestled was a problem more difficult than the mere surgical care. This was the effect upon Sylvia of Horace's visits, as well as their effect upon him.

Horace, accustomed to map out a plan of action and then work steadily for its accomplishment, found himself at bay in a sickroom situation, where nothing

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was as it seemed and where it required a circuitous sort of tact to know what might be said with safety, as well as a sort of second sight to fathom what might suit Sylvia's unusual moods. For though Sylvia was both quiet as a patient, reasonable and strangely, formally polite to Miss Abbie, Horace, who had always been a second self and read her thoughts it seemed in advance, had become a misunderstood person. Twice every day he came, bringing whatever thing she wished for, as well as many things that he thought might tempt an appetite which failed rather than increased. Beyond a faint and perfunctory smile, he could awaken no interest, while the bits of news he brought were sure to be disquieting.

"What is it? What do you make of it?" he asked Miss Abbie one evening on her return to the Cort-rights', after a day when his visit to Sylvia had produced a flood of tears.

Psychological deductions and hair-splitting were not in the range of The Backbone's practical mind, chiefly because she did not wish them to be. Sick people often had moods but they could generally, to her thinking, be run down to direct physical causes. Either it was the hospital atmosphere, so detrimental to the convalescence of the sensitive, which made the change, or there was something going on inside that stubborn wound that the great surgeon had not foreseen. Quietly she told this to Horace, saying for his comfort that there was nothing in the matter that he

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should take as personal. The next day a wave of fever seized Sylvia; a mysterious, deep-set infection appeared, evidently born in the operating room, for it came to others in the same way, and all was to be begun anew.

It was the Sunday after this relapse, a gray dreary day. Horace had made his visit and had gone for a walk through the Park while Sylvia lay back among her pillows with the quiet born of physical exhaustion and gradually went to sleep.

A far away sound of singing wafted down the corridor, a quartette of mixed voices without accompaniment, save that of the tense heart strings upon which it played. Nearer it came, and then pausing outside Sylvia's door began anew the pathetic strains of:

“Hark! Hark, my Soul,
Angelic songs are swelling.”

Half as in a dream, Sylvia started up, rubbed her eyes, saw the dreary green walls, felt her own weakness and, realizing where she was, listened intently. The singers had reached the second verse and through the words were woven all the saddest emotions of her childhood's home life and its end. Crying out to Miss Abbie, who had not seen that she was awake, but was herself listening with drawn face from emotions of her own, she wailed, “Oh, do stop them. Send them away. I've tried not to trouble anyone, but I

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can't bear that. What right have they to come and torture me?" Wild hysteria followed.

Then indeed did The Blizzard show her attributes. Going to the door, she threw it open so that the misdirected singers might see into the room, saying with low, measured tones, "You will stop immediately and leave this private floor. You are injuring a very sick woman as directly as if you were giving her poison."

"You surprise me," the leader, a middle-aged soprano began, raising her brows, "sick people, away from religious home influence, usually——"

The door was closed, not rudely but finally and when, after a time, Sylvia was quieted, she whispered, "Thank you, dear Miss Abbie. I didn't believe that anyone but Horace would understand so quickly why it hurt, and to think that down in the wards the poor things would not dare ask them to stop, but then, perhaps they like it; I hope they do. Some people like to cry all over."

"Understand? Like it? No one who is sane wishes to be stirred up when they are sick. Come, little sister, pull yourself together, and next week you shall go home in spite of ten drain tubes. We will ask Dr. Lake to-morrow."

When the tale was told and the request made, the great surgeon also waxed wrathful. "Another wrong forced upon people in the name of religion," he muttered. "What beautiful plans based on theory the

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well make for the anguish of the sick. I will put it before the Board," and he did. The home-craving emotions contrive to make loneliness unbearable!

"Home? I should like to send you there, but even if Geoffrey comes down to take you up and does the dressing, how about preparing them without a sterilizer?" he asked Miss Abbie.

"I will guarantee the dressings shall be sterile," said Miss Abbie promptly, but without excitement.

"Yes, I believe you will do it," said the surgeon, his big soft eyes fixed upon her face, but looking through rather than at her. Then, outside the door: "When home means to anyone what it does to her, it should be a part of our science, yours and mine, to restore her to it as quickly as possible."

* * * * *

The journey was over. It was neither an easy nor a swift one. Sylvia lay in the big bed in her own room and the log crooned a pleasant tune while the firelight traced fantastic patterns on the ceiling. Horace had gone downstairs with the old light in his eyes, and Dr. Geoffrey's runabout was already chugging away from the door. The Blizzard had cleared the way.

Night was falling. Sylvia could see the outlines of the bare trees through the windows, from which the curtains had been pulled entirely back. There was a soft fragrance from the roses that all the friends from Bluffs and Hill country had sent to wel-

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come her, but at the same time The Backbone was preparing to remove them to a cool room for the night. The journey accomplished, there was to be no yielding to sentiment, fraught with risk, no let-up on her part of a sickroom routine as imperceptible as it was complete. It was not in vain that Dr. Lake had trusted her.

Presently Sylvia heard coming from a small adjoining room some peculiar sounds that she could not quite interpret, but at the same time her attention was held by a glorious moon filling the north-east window with its face.

"Oh, Miss Abbie, Miss Abbie," she called, "have you seen the moon? Do come here quick; I've never seen it so far north or so wonderful!"

"Moon? No, I've no time, I'm fixing this oil stove which Mrs. Evans has lent us; the oven will make a suitable sterilizer combined with this covered agate pan, and we can have it here, right under our own control, without mixing up with the kitchen."

Then this Backbone, who had borne the real life and death burden of those five weeks, walked across the room straight through the moon path without seeming to see it, and began deftly to make the preparations for the night.

A hound which realized that his master had returned, gave joyous bays belowstairs. "Could he come up for a minute?" begged Sylvia, pleading with her eyes.

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"No dogs until the wound is quite healed," said Miss Abbie briskly, "but you can send him some of your supper and he will probably understand."

Sylvia laughed a natural laugh, the sound of which was a cure to Horace. "I see," she said, "that I am still to have you for a backbone even though my own is returning."

"Up to a certain point; that is what I'm here for, only you mustn't think too much about it or your own will not stiffen," said this one-hundred per cent nurse of the *Watch of the Merciful Sleep*.

XXIII. EMERGENCIES AND LONG PULLS

To the young, and to many of those of maturer years and wide experience as well, the sharp, swift ailments needing action, where quick wits, rapid decisions and the power of unerring adaptation to shifting circumstances all have play, are the cases which have a compelling fascination for the nurse.

The Battle would be a fitting name for this type, for there is a distinct call to arms, advance and charge, going over the top or retreat! Pneumonia is often a battleground of this kind, a face to face struggle, with the issue soon decided. Meningitis and "flu-grippe" are both of this type, as also are surgical emergencies.

The young nurse does well, during the early years, to take as many of these short cases as possible, as a means of education, but at the same time she should not try to avoid *all* of the long pulls, for through them she will learn patience, a personal fitting into, and a supplementary knowledge of, sickroom requirements and the ethics of nursing in the home, for which there is no opportunity either during the acute cases or the hospital training.

"I get so rusty if I take those long monotonous

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pulls," said a bright but rather restless young nurse to me a few weeks ago. "Then, too, with so many of the chronics, there's nothing much the matter, either old age or only nerves, nothing of any *real* account! It is so dull and stupid! One gets rusty besides."

My dear young woman, that remark in itself shows a lack of proportion, common sense and logic in your make-up. That is a condition which a long case, with time to *think out* the matter of nursing ethics, might greatly improve. Take your statement in sections:

The "getting rusty." If you feel that rust has gathered, a polishing method, used by several one-hundred per cent nurses of my acquaintance, is to go periodically as a "special" to one of the up-to-date city hospitals where the methods of the best physicians, surgical and medical, may be gathered up for future use.

"Nothing much the matter but old age." As if that in itself were not matter enough to command the skill of kindness and every recourse to make endurable those final ills. "Chronics" they are often called, along with incurables. Even the hospitals, to which almost all other stages are relegated, often decline to take them, pleading that the room is needed for more important patients, and oftentimes suitable nurses cannot be found to care for them at home. Sanitariums? Ah, yes, there are plenty of them for

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"chronics" in various degrees, but not for old age, the finality of us all who carry on to three-score and ten. Well, it is simply thought "not interesting." The entry into the world is now largely through a hospital, but please nurses *do* some of you take up the neglected specialty of making the leaving of this world less desolate for the kinless old.

But worst of all is the third, carelessly made distinction, "only nerves"! Stop short and think what "only nerves" may mean! To-day, "only nerves" has become the important chain, sometimes as cause, sometimes as effect, linking physical ills with mental, the outcome being a new therapy, so that the physician's diagnosis is seldom complete without a knowledge of psychoanalysis.

Hence the case of "nothing much the matter, only nerves," if conscientiously handled may be your chance to gain, by experience, a nursing knowledge that is almost impossible to learn by theory alone. "Only nerves" may mean almost any phase, from the hysteria following an operation or other shock, to acute mania. The treatment of all forms is directly opposite to that of a patient whose ills are of the flesh, for the convincing logic which spells reason to the "merely ill of a disease" patient (I use the paraphrase) is the absolutely forbidden treatment for "only nerves."

However, the long pulls, even if the patient is a "chronic" of any age, have their bright side for the

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nurse to whom patience is given, together with complete understanding. Really it is the understanding that develops the patience. The long pulls give the nurse a chance to settle into a background that she can often adapt to represent home surroundings. Little kindnesses and courtesies shown the family are sure to bear fruit, even though they might not come under the cut and dried régime of service, which the aggressive type of nurse insists should bind professional work outside of the hospital. If the nurse has had no moulding home environment in her own life, she may learn through a "long pull" in a household of kindness and good manners (I do not say necessarily of wealth, mind you), those many little refinements which make up the score of the one-hundred per cent nurses,—details that can never be taught in the hospital training school, or through text-books of nursing ethics. I have known a physician to say, "Miss X. is a wonderful nurse for surgery or acute cases, but she would be entirely out of place in such or such a home; poor girl, she has never had the chance to acquire the good manners that their breeding demands. I've tried to hint about the matter but she grows sullen at once. If she could only get a long case in a family from which she could absorb, and who would realize her good heart, it would be the making of her."

I quite agreed with this physician, and yet even in the "long pulls" I must say that a fifty-fifty compro-

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mise is just as necessary between nurse, patient and family, as it is in almost every phase of nursing. Relaxation of mind, as well as rest of body, should be supplied to the nurse, not as a favor, but just as much as a matter of course as her food, while in the treatment of "only nerves," the nurse, in human fairness, must be supplied with the elements of recreation and refreshment which will furnish nerve vitality in herself, if she is to reinforce and help to conquer the lack of it in the patient.

XXIV. SHOULD A NURSE MARRY HER PATIENT?

Among the many questions which we love to discuss is this very intimate one: Should or should not a Trained Nurse marry her patient? Of course, that is not within the reach of the ethics of training, but a word of advice from a seasoned woman of common sense may be wedged in as an aside: Don't marry the man, or let him persuade you so to do while he is a *patient*; give him a chance to get away first and reëstablish himself as a *normal man*. Then, all things being equal, you may marry the *man*!

The reasons for this advice are numerous and look well ahead of the "falling in love" or perhaps non-emotional but prudential desire to settle in life which comes to a nurse, to whom the world looks like a hard nut to crack with an inside that may prove more or less wormy.

She should remember that it takes more to make good coffee than the bean, water and pot, the skill being in the blending and proper settling that there may be no visible sediment. Hurried coffee is often too much like an emetic and so is a hurried marriage! A sick man, especially if he has lived outside of home

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and family surroundings, finds himself in a strange country where everything is the reverse of normal. Even if his position has been such that he has pressed a desk button to have a series of clerks appear to take orders, socially *he* has been the one to wait upon women. Now comes a time when, being utterly prone, fettered by weakness or made irritable by pain, he is ministered to by a woman. His needs are often forestalled, if she is the right kind (and I am presuming that she is), and a sort of protective barrier placed by her authority between him and the world. A trim, white-clad figure moves about the bed, doing just the right thing, stepping lightly and rather obliterating herself when such service is accomplished. This woman has a pleasing, gentle way that calms, for he is as yet too ill to realize or search for beauty. His mind travels back to youth and his mother, who cared for him in measles when his eyes were shaded and she sat beside him, only by touch could he tell where. He relaxes wholly; the nurse and his mother are so blended that it is the maternal element which appeals to him first. If he clings to the hand which is arranging and smoothing his pillows, the action is unpremeditated and without thought other than that of the craving for the human touch.

When the weeks drag on and convalescence comes, a patient, say with typhoid, begins to differentiate and take in details. The ministering angel wings

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have again become normal arms, while gradually the feeling of gratitude of a decent man seeks the direct simple-minded outlet of falling in love with her. Of course he means and really feels this at the moment. If he is quite comfortable, and yet mentally rather below par, he may tell her of this sick-a-bed love! He may even press her for an answer before she leaves and he goes back to the world of men. Then watch out, both man and maid!

What does either know of the other? The woman may have "boxed the compass" in a way, but the man does not even know what she looks like in citizen's clothes.

I have in mind an excellent young nurse who looked in uniform as trim as the picture on the advertisement of a famous chocolate, but when her own taste chose her gear, she was a cross between a cockatoo and a moulting Plymouth Rock hen. Though I had seen her almost daily in the sickroom, the first time I met her on the street I did not know her! And her taste in other matters matched her clothes.

Therefore, I say again, give the man who thinks he wishes to marry you a chance to get away; then, if his feeling is not merely a gesture of manly gratitude, and yours a combination of human nature plus the opportunity of unnatural surroundings, you may proceed with probably less than the usual risk.

As for marriage between the physician and the nurse, I'm not so sure. Each knows so much of the

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temptations of the other, and so many of the important little life rafts of romance are scuttled before the voyage begins, that a double confidence and forbearance are necessary to keep the craft in smooth waters.

Hereby hangs a tale. Mellie Vanbrugh, a wholesome, clean-minded, sunny-faced American girl of Holland extraction, had trained for a nurse in one of the great city hospitals. She was the eldest of a large brood, whom she wished to aid. In addition to a real love for her profession, toward which she had been led by much experience in home ailments and mothering, she realized that if she were successful she could give a larger portion of her earnings toward helping the young flock than would be the case were she to follow other work where room and board would ever be a first cost. The hospital where she trained was one of the first to try the experiment of sending its third-year pupils into families. Hence, at her graduation, she was better able to handle herself and adapt her work to new surroundings than were many of those who go by rapid transit from perhaps a plain home in a remote village, through hospital stress and turmoil, into different social home conditions where they do not immediately fit. When this happens, the "learning how," and the consequent necessary process of polishing the corners, frequently make a certain type of young woman aggressive. This is the "I'm as good as you and better too" type which is the bane

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of us all, the type rooted in the misconstruction of the clause in the Constitution to the effect that all men are born free and equal. We all have life handicaps in heredity and environment, and the real blindness is in those who *will not* see this, and resent the learning that they may acquire by right association.

My nursing sister, take this to heart. I have been hearing lately that nurses are snubbed and that this or that physician or patient has taken exception to the lack of manners and refinement in a nurse. This comes from the fact that you consider the technical qualification of the winning of your diploma the end instead of the beginning, and you think that you may begin to assert yourself and kick out instead of carefully feeling the way. It is difficult to specify these shortcomings, but one of the last I heard of was the occasion when a supposedly sleeping patient opened her eyes ahead of time and saw the nurse using *her* comb and brush for the morning toilet! Ah, yes, this is a fact. Now it is very possible that, in her own home, she and her sisters had used certain toilet articles in common, so that she could not measure the shock it gave the patient. Yet could you blame the patient for telling the physician, or for his condemning the nurse as uncivilized and unfit to enter a refined family?

Ah, well! Mellie Vanbrugh started forth on a different level of instinct and training. Though her

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father was a struggling Evangelical missionary with a penniless purse, he had ideals of service and respect that created his daughter of a polishable metal. A couple of years after she had been doing private work under one of the most particular of city physicians, and had qualified in every way under the most trying circumstances, the doctor came to her with a proposition.

A prominent banker from the British provinces, a widower of about forty, had been taken ill of scarlet fever at his hotel. He was alone in the city and there was, at the time, no available hospital where he might go. This therefore was likely to be a case of complications. One of his friends had an empty house in the suburbs which was put at the physician's disposal. A couple of rooms on the parlor floor could be hastily supplied with vital necessities, a cook engaged to remain below stairs and serve the meals via the dumb waiter. Now would Miss Mellie take charge of the case and select a nurse for her assistant? She would be paid for the time that she must lose after the case ended, before it would be perfectly safe for her to take up other work.

This was at the period when the quarantine for scarlet fever was drastic and absolute, while the disease itself was dreaded the worst of all, dreaded only less than smallpox.

She asked for an hour to think the offer over, then accepted it. The next morning saw them established

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in the two grim, gray-walled parlors of an unfurnished house.

"How are they getting along?" I asked the physician a week later. "Wonderfully well," he replied; "although it is her first male patient in private work, instinct and home training have given her the bearings. In addition, she is without sex-consciousness where her work is concerned though absolutely womanly and human; consequently neither she nor her patient suffers the least embarrassment. Some nurses perform the necessary duties for a male patient in a conscious, staccato manner as if they must get away as quickly as possible. Not so with this girl; she protects both herself and her patient by the dignity of unconsciousness. You may laugh at the man's needing protection, but he does, for the average man is modest to a degree for which he is not credited. Though the room fittings are meagre, she has managed some sort of a screen which makes a small room that includes the fireplace, where a Liverpool coal fire burns night and day 'for company'; 'he can listen to it or not as he pleases,' she told me when asking for the coal."

It did prove a complicated case, for the man was work-worn nervously and carried heavy responsibilities which revealed themselves in the delirium of fever. Thus unconsciously, piece by piece, his life history was told, so that when he was convalescent he seemed like some old friend rather than a mere

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passerby in life. There was reading aloud from newspapers and some old books picked up about the place; these were later burned in the ever convenient open fire. Unconsciously she told the patient of her own tastes by what she chose for reading.

Though at first he resented the interruption in his very methodically ordered life, he began to wonder why he eventually cared so little about getting well. All of this he told the physician, who, half-amused, half-apprehensive for the peace of mind of the earnest little nurse, told him that it was all a part of being ill, quite normal, as would also be his recovery.

Then after seven weeks came the day for fumigation and saying goodbye. His usually hesitant tongue was loosened to unusual words and he begged that the friendly kindness which he had enjoyed in illness might be continued. What was her address and when, on his next visit to the city, might he be able to reach her?

The Nurse, in spite of herself, had grown deeply attached to the quiet man, for there are other means of conveying thoughts than by words. She felt, however, that to be friends outside of the contact the case required would be like playing with fire, for his surroundings and people were quite out of her sphere. Closing her eyes for a moment, she saw the poorly clad brothers, who could only hope to make the grade-school at best; her mother worn with keeping home together, and even the frayed faded black of

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her father's preaching coat. She loved them too well and was too proud of them to either apologize for their poverty or subject it to any sort of investigation or criticism. So she would have no friends whom it would be a strain for them to receive.

"I have enjoyed my work immensely and you have made it easy, where it might have been difficult—but"—(and the M.D., who came in at the moment, said her voice then faltered)—"I've my way to make, and because I come of poor people our roads must part. Goodby!" Though she did give him her hand she did not look at him.

The physician heaved a sigh of relief and proceeded to go out to the waiting car with his patient. "What did I tell you?" he said. "Her devotion was all a part of the duty of a perfect hundred per cent nurse and I think my point is proved." The patient said nothing, for the Briton usually thinks more than he speaks, yet he seemed to have lost the buoyancy with which he had begun the day of his release.

"Vanity wounded," thought the physician, "we men are all like that."

Mellie took a rest week off, but did not leave the city. She did not exactly feel like going home; she was truly tired, she wrote her people, too tired to be a good visitor. The patient would not leave town for a week. Was this her reason? He could have found her through the hospital if he had tried, but he did not!

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It was a couple of months later, when she caught time between two short surgical cases to go to the little house beside the mission chapel, far out by the dingy brickyards, where rocks, shanties, chickens and goats shared the landscape.

It was quite dark when she left the trolley line and picked her way slowly along the muddy path, half ice and half March mud. Her satchel seemed full of stones, and an unusual dreariness had settled down and quenched her spirits. She had not told her people that she was coming and it was past their supper time, but a cup of her mother's tea was all she wanted.

The house was still and as she opened the seldom locked door, the only light came from her father's little study—firelight too—an unusual luxury unless the boys had retrieved some logs, as they occasionally did when old buildings were being torn down.

She pushed the door open, careful to make no noise. Her father was seated before the fire, his head thrown back against the chair, his eyes closed while a beloved old black pipe, seldom used, was fondled lovingly in his hand.

Laying her cheek on the bald spot atop his crown and covering his eyes, Mellie said gently, "Guess who?" Starting so quickly that the pipe dropped, and the chair nearly upset, her father clasped her, while an echo of her question, "guess who," came from the shadows by the chimney.

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"Guess who?" And the tall figure of her ex-patient unfolded itself from the broken-sprunged sofa, and, fairly seizing her from her father's grasp, drew her onto his knees and held her there with masterful strength.

"Sit ye there, my lass," he cried excitedly, the Scotch breaking through his usually precise English. "I well loved your pride, but time has come to break it, and no way so quick as to show you where you belong. Your father and I have just been talking of putting that keen young brother Bob of yours through The Technical Institute and we need your counsel." Then the mother came in with tea and some freshly made scones, the making of which she had learned from the ex-patient himself, for this was but one of many visits.

* * * * *

Years have gone by so I know whereof I speak when I write: "They all lived happily ever after."

POSTSCRIPT

To Housemother, Physician, and Nurse

I have sought to introduce you to each other, under the skin, so to speak. I have tried to picture the various causes of mutual needs and misunderstandings, and to tune your ears to the heartbeats of the humanities. All the while I have realized that little can be done by words alone, except it be to impress upon you all the need of meeting each other half-way in the many rational compromises which alone make all present-day living possible, quite aside from the satisfactory care of the sick in their homes by the trained *Captains*, whether the Watch be of Life or of Death.

Nor is the message here expressed merely the narrow viewpoint of one mind, and as such to be discounted. I have written of life as I have found and lived it, but, in the seeing and living, my part has covered broad zones because of the love and knowledge of many homes, and has been illuminated by the love of many friendships of physicians, laymen, and women alike. These have led to the limitless horizon of life which now seems so close that I may almost

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touch it with my hand, while the light that guides,
though of the setting sun, sheds all the promise that
the sunrise brings with day. To you all—Success
and “Good Hunting”!

Your fellow worker,

MABEL OSGOOD WRIGHT

Her ♡ mark.

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